



The Lancaster Group, LLC  
*Finite Results / Infinite Wisdom*

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# Bishop Wicke Health & Rehab Ctr

## Medicaid Cost Report

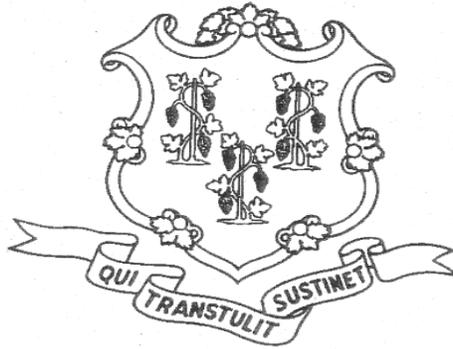
CRYE: 09/30/2021

Prepared by:

The Lancaster Group, L.L.C.

• *Serving a Distinctive Healthcare Clientele* •

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr.	
Address (No. & Street, City, State, Zip Code) 584 Long Hill Avenue Shelton, Connecticut 06484	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 812-C	RHNS	(Specify)	Medicare Provider 07-5163
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Medicaid Provider Numbers:	CCNH 8128	RHNS	ICF-IID
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**For Department Use Only**

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

### General Information

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2021	Page 1	of 37
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#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bishop Wicke Health & Rehab Ctr. [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Debra Samorajczyk			Printed Name (Owner) Zvonimir I. Jukic (Director/Treasurer)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bishop Wicke Health & Rehab Ctr.	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 584 Long Hill Avenue Shelton, Connecticut 06484				
Report Prepared By The Lancaster Group, LLC	Phone Number 504-605-8228	Date 2/10/2022		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-624-3303		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Bishop Wicke Health & Rehab Ctr.		Address (No. & Street, City, State, Zip) 584 Long Hill Avenue Shelton, Connecticut 06484		
License Numbers:	CCNH 812-C	RHNS (Specify)	Medicare Provider No. 07-5163	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Debra Samorajczyk		Nursing Home Administrator's License No.:	1885	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		







**Annual Report of Long-Term Care Facility**

**General Information and Questionnaire  
Related Parties\***

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?     Yes     No    If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to			Description of Goods/Services Provided	Indicate Where Costs are Included Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Ln	78,296	78,296
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln	19,574	19,574
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Direct Taxes	P. 16 M.12 & P. 28, Ln	5,990	5,990
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln	248,078	248,078
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln	62,020	62,020
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	<input type="radio"/>	<input checked="" type="radio"/>		Corporate Office Alloc Ind Taxes	P. 16 M.12 & P. 28, Ln	17,037	17,037
		<input type="radio"/>	<input checked="" type="radio"/>		Note above is actual cost to related party before			
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2021	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
Yes				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Related party costs include the Provider's allocated portion of direct and indirect cost (e.g. CEO) from the United Methodist Homes corporate office. The facility is also associated with two related companies providing independent and assisted living. United Methodist Homes provides services on an allocated basis to all three entities. Schedules documenting the allocation are included in this filing. Also the facility is a participant in a common pension plan with other related entities. Schedules will be provided upon later request.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				

### General Information and Questionnaire Leases (Excluding Real Property)

**Operating Leases** - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility		License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2021			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Leafe/Prism	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/11/19	60 Months	4,644	4,644
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
						<b>Total ***</b>	4,644

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm 1 PKF O'Connor Davies, LLP 2 THE LANCASTER GROUP, LLC 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Suite 401, Wethersfield, CT 06109-2355 813 Coopers Court, Lancaster, PA 17601-1477
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Services Provided by This Firm (*describe fully*)

1 Audit	\$ 23,895
2 Medicare & Medicaid Cost Reports	\$ 8,750
3	\$
4	\$
	Charge for Services Provided
	\$ 32,645

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15, Line 1.d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15, Line 1.e

### Schedule of Resident Statistics

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2021				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120						
B. On last day of THIS report period	120	120							120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	114	114			114	114						
B. As of midnight of THIS report period	88	88							88	88		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,544	3,544			2,777	2,777			767	767		
B. Medicaid (Conn.)	17,140	17,140			12,511	12,511			4,629	4,629		
C. Medicaid (other states)												
D. Private Pay	7,052	7,052			5,272	5,272			1,780	1,780		
E. State SSI for RCH												
F. Other (Specify) Contracts, HMO, Insurance	2,649	2,649			1,950	1,950			699	699		
G. Total Care Days During Period (3A thru F)	30,385	30,385			22,510	22,510			7,875	7,875		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	92	92			52	52			40	40		
B. Other Bed Reserve Days	85	85			46	46			39	39		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	30,562	30,562			22,608	22,608			7,954	7,954		

**Annual Report of Long-Term Care Facility**

**Schedule of Resident Statistics (Cont'd)**

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C			Report for Year Ended 9/30/2021			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
Not applicable													
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change									Not applicable				
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	11		50		19								
Per Diem Rate													
a. One bed rm.	666.73		258.04		515.00								
b. Two bed rms.	666.73		258.04		475.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B					TOTAL	CCNH	RHNS	(Specify)					
					2,282	2,282							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Physical Therapy Treatments</b>					14,140	14,140							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					153	153							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Speech Therapy Treatments</b>					2,221	2,221							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					1,436	1,436							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Occupational Therapy Treatments</b>					14,371	14,371							

### Report of Expenditures - Salaries & Wages

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2021	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	121,888	2,120				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	266,875	10,385				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	320,215	10,791				
c. Dietary Workers	469,391	32,094				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	252,908	16,194				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	150,948	5,183				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	117,761	4,305				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	293,681	4,270				
b. RN						
1. Direct Care	1,133,451	27,966				
2. Administrative**	195,773	6,191				
c. LPN						
1. Direct Care	758,619	22,498				
2. Administrative**						
d. Aides and Attendants	1,864,164	98,963				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	165,199	6,973				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	139,277	4,352				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,250,150	252,285				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

\*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.



**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility				License No.	Report for Year Ended				Page	of
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2021				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Not Applicable										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
Bishop Wicke Health & Rehab Ctr.				812-C	9/30/2021				12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Debra Samorajczyk	121,888			Standard Package	COO-Day to Day Operations	2,120	A.2	None		
<b>Section IV - Assistant Administrators</b>										

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** other employment worked during the cost year.

\*\*\* If more than one Administrator is reported, include dates of employment for each.

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	6,480	22				
3. Pharmacist	10,187	148				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	295,553	3,679				
b. Other	1,316	20				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	316				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	1,332	8				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	104,100	1,156				
b. Other	464	7				
10. Occupational Therapist						
a. Resident Care	271,604	3,706				
b. Other	1,210	18				
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	45,569	376				
2. Administrative***						
b. LPN						
1. Direct Care	33,999	1,652				
2. Administrative***						
c. Aides	28,431	1,796				
d. Other						
12. Other (Specify) See Attached Schedule	63,349	290				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>887,594</b>	<b>13,194</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

\*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.



### C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 141,835	141,835		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 41,434	41,434		
4. Social Security (F.I.C.A.)	\$ 454,629	454,629		
5. Health Insurance	\$ 608,691	608,691		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 78,367	78,367		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 170,799	170,799		
8. Uniform Allowance	\$ 1,655	1,655		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 21,726	21,726		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 399,996	399,996		
d. Accounting and Auditing	\$ 32,645	32,645		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 8,223	8,223		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 49,275	49,275		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 35,400	35,400		
2. Cellular Phones	\$			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 512,005	512,005		
<b>Subtotal</b>	<b>\$ 2,556,680</b>	<b>2,556,680</b>		

\* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)



**C. Expenditures Other Than Salaries (cont'd) - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,556,680	2,556,680			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 22,689	22,689			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 567	567			
5. Education Expenses Related to Seminars and Conventions	\$ 3,596	3,596			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 6,814	6,814			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,641	3,641			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 14,740	14,740			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 6,769	6,769			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 46,936	46,936			
12. Administrative Management Services**	\$ 430,994	430,994			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 73,859	73,859			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,167,285	3,167,285			

\* Do not include Subscriptions, which should go in item 9.

\*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
MARKETING & PROMOTION	\$ 6,814		
<b>Total Other Advertising</b>	\$ 6,814	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM (Association of Long Term Care)	\$ 40		
Leading Age CT	\$ 13,000		
CALTC (CT Alliance for Long Term Care)	\$ 1,000		
CT Association of Health Care Facilities, Inc.-1824	\$ 350		
CT Association of Health Care Facilities, Inc.-1824	\$ 350		
<b>Total Dues</b>	\$ 14,740	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
LICENSE & FEES	\$ 63,141		
LATE FEES & CHARGES	\$ 121		
BANK FEES	\$ 10,597		
<b>Total Other Administrative and General</b>	\$ 73,859	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	19,574	Corporate Office Allocation Direct Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	62,020	Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	23,026	Corporate Office Allocation Direct & Indirect Taxes	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	248,078	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	78,296	Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Ln

\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

**C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See**

Name of Facility		License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2021		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 389,541	389,541			
2.	Non-Food Supplies	\$ 54,834	54,834			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Other (Specify) _____						
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 444,375	444,375			
2E. Dietary Questionnaire						
F. Resident Meals: Total no. of meals served per day:*		251	251			
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No						
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. \$34						
N. Is any revenue collected from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$34						
O. Where is the revenue received reported in the Cost Report? (Page/Line Item) P. 30, IV.1						

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

**C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs**

Name of Facility		License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2021		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	36,915	36,915		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$	171,853	171,853		
c. Other ( <i>Specify</i> )		\$				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	208,768	208,768		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

\*\*\* Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care**

Name of Facility		License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2021		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	40,000	40,000		
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	38,251	38,251		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other ( <i>Specify</i> )	\$				
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c )	\$	38,251	38,251		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Omnicare	\$	176,885	176,885		
b.	Medicine Cabinet Drugs	\$	11,332	11,332		
c.	Medical and Therapeutic Supplies	\$	293,019	293,019		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	54,932	54,932		
f.	X-rays and Related Radiological Procedures***	\$	7,054	7,054		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	12,685	12,685		
i.	Recreation	\$	14,825	14,825		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	2,760	2,760		
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	573,492	573,492		

\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
MEDICAL SUPPLIES-NON BILLABLE	\$ 713		
PHYSICAL THERAPY SUPPLIES	\$ 2,047		
SDX Swallowing	\$ -		
<b>Total Other Resident Care</b>	\$ 2,760	\$ -	\$ -

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**Report of Expenditures**  
**Schedule C-2 - Individuals or Firms Providing Services by Contract \***

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2021			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Oak Ridge Hauling	307 White Street, DANBURY, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	None	Rubbish Removal	42,618			22	6F
UNITEX TEXTILE	Street, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry - Linens	152,975			19	3B
Med-Apparel Services Waterbury	100 Turnpike Dr. Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry Service	36,915			16	M
Crown Uniform & Linen Service	15 Technology Way Nashua, NH 03060	<input type="radio"/>	<input checked="" type="radio"/>	None	Dietary - Laundry Service	18,877			19	3B
Triple A Supplies	50 Jeanne Dr. Newburgh, NY 12550	<input type="radio"/>	<input checked="" type="radio"/>	None	Housekeeping - Supplies	27,237			19	3A
PointClickCare Technologies	PO Box 674802 Detroit, MI 48267-4802	<input type="radio"/>	<input checked="" type="radio"/>	None	Gen&Admin	47,636			20	4A
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

**C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property**

Name of Facility	License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 54,333	54,333				
b. Heat	\$ 43,074	43,074				
c. Light & Power	\$ 233,693	233,693				
d. Water	\$ 13,981	13,981				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 5,331	5,331				
f. Other ( <i>itemize</i> )	\$ 84,489	84,489				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 434,901	434,901				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 14,481	14,481				
b. Building & Building Improvements	\$ 210,987	210,987				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 43,946	43,946				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 269,414	269,414				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,922	6,922				
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 6,922	6,922				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 523	523				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 276,859	276,859				

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
MAINTENANCE SVC/SUPPLIES	\$ 18,450		
PEST CONTROL	\$ 4,225		
RUBBISH REMOVAL	\$ 42,618		
INTERNET SERVICE	\$ 5,421		
SNOW REMOVAL			
SATELLITE TV	\$ 4,193		
SEWER USAGE	\$ 6,469		
MAINTENANCE - UNIFORMS			
Maintenance Expense - Landscaping	\$ 3,113		
<b>Total Other Repairs and Maintenance</b>	\$ 84,489	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Bishop Wicke Health & Rehab Ctr.			License No. 812-C		Report for Year Ended 9/30/2021			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			391,099		391,099	272,969	Straight-Line	Various	14,481				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										14,481			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			8,083,805		8,083,805	5,629,643	Straight-Line	Various	210,463				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			6,063		6,063		Straight-Line	Various	524				
B-4. Subtotal										210,987			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				VARS	2020	1,418,085		1,418,085	1,353,915	Straight-Line	Various	42,504	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				VARS	2021	20,497						1,441	
D-3. Subtotal													43,945
<b>E. Total Depreciation</b>													269,414

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2020	booster pump	\$ 2,531	5	\$ 506
8/23/2021	AC - Chiller	\$ 1,102	5	\$ 18
9/30/2021		0 \$ 2,430	-	\$ -
<b>Total additions for Building Improvements</b>		\$ 6,063		\$ 524 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/23/2020	Food Processor	\$ 1,064	5	\$ 195
11/24/2020	Double Deck oven	\$ 10,936	10	\$ 911
2/16/2021	Refrigerator	621	5	72.45
7/6/2021	Commercial Food blender	7876	5	262.5333333
<b>Total additions for Movable Equipment</b>		\$ 20,497		\$ 1,441 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.			812-C		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Deferred Financing	6	2012	30	170,405	115,877	Mortgage Life	3	6,922	
2.									
3.									
B-4. Subtotal									6,922
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									6,922

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

**C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire**

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2021	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		1968		
2. Date Structure Completed		1970		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure		05/23/70		
5. Total Licensed Bed Capacity		120		
6. Square Footage		25,363		
7. Acquisition Cost				
a. Land		30,392		
b. Building		944,912		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing		Fixed		
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained		05/06/12		
c. Interest Rate for the Cost Year		3.44%		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		9,559,400		
f. Principal balance outstanding as of _____		7,551,076		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

**Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.**

**C. Expenditures Other Than Salaries (cont'd) - Interest**

Name of Facility		License No.	Report for Year Ended			Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2021			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 190367	190,367			
Name of Lender		Rate					
MT & T Realty Corporation		3.44%					
Address of Lender							
25 S. Charles Street, 17th Floor Baltimore Maryland 21201							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$ 190,367	190,367			

(Carry Subtotals forward to next page)

**C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance**

Name of Facility		License No.		Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.		812-C		9/30/2021		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				190,367	190,367		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	42,572	42,572	
Interest on Refunded Loan							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	232,939	232,939	
14. Insurance							
a. Insurance on Property (buildings only)				\$	27,677	27,677	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	162,158	162,158	
See Details Attached							
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	189,835	189,835	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	12,704,449	12,704,449	

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2021	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$ 1,332	1,332		
6.			Occupational Therapy	\$ 272,814	272,814		
7.			Other - See attached Schedule	\$ 6,480	6,480		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 399,996	399,996		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 6,814	6,814		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 218,282	218,282		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 121	121		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 34	34		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 905,873	905,873		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B.2	Dentist	\$ 6,480		
<b>Total Other Fees Adjustments</b>			\$ 6,480	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	13	Late Fee and Charges	\$ 121		
<b>Total Other A&amp;G Adjustments</b>			\$ 121	\$ -	\$ -

**D. Adjustments to Statement of Expenditures (cont'd)**

Name of Facility			License No.	Report for Year Ended	Page	of	
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2021	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 905,873	905,873		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 176,885	176,885		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 7,054	7,054		
30.			Laboratory	\$ 12,685	12,685		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 54,932	54,932		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 14	14		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$ 1,350	1,350		
39.			Other - See Attached Schedule	\$ 1,934	1,934		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 125	125		
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 1,568	1,568		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 88,727	88,727		
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,251,146	1,251,146		

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

## Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Depreciation	\$ 14		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 14	\$ -	\$ -

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6	Maintenance Outpatient Rehab Adjustment	\$ 1,934		
<b>Total Other Property Adjustments</b>			\$ 1,934	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	4	Housekeeping Outpatient Rehab Adjustment	\$ 1,568		
<b>Total Other Adjustments</b>			\$ 1,568	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
26	a.1	Mortgage Insurance Premium	\$ 38,394		
22	8.b	Limit amortization expense to refunded loan	\$ 4,772		
22	9	Fair Rental Outpatient Rehab Adjustment	\$ 1,186		
22	7.b	Building Depreciation Outpatient Rehab Adjustment	\$ 938		
27	13	Building Outpatient Rehab Adjustment	\$ 865		
27	12.d	Interest on Refunded Loan	\$ 42,572		
<b>Total Unallowable Building Interest</b>			\$ 88,727	\$ -	\$ -

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 7,409,947	7,409,947			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,096,379)	(3,096,379)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,643,573	1,643,573			
b. Medicare Room and Board Contractual Allowance **	\$ 718,496	718,496			
4. a. Private-Pay Residents and Other	\$ 4,320,473	4,320,473			
b. Private-Pay Room and Board Contractual Allowance **	\$ (39,450)	(39,450)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 97,070	97,070			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (97,070)	(97,070)			
c. Prescription Drugs - Non-Medicare	\$ 54,295	54,295			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (54,295)	(54,295)			
2. a. Medical Supplies - Medicare	\$ 6,588	6,588			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (6,588)	(6,588)			
c. Medical Supplies - Non-Medicare	\$ 19,956	19,956			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (5,765)	(5,765)			
3. a. Physical Therapy - Medicare	\$ 389,852	389,852			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (271,087)	(271,087)			
c. Physical Therapy - Non-Medicare	\$ 218,715	218,715			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (199,419)	(199,419)			
4. a. Speech Therapy - Medicare	\$ 117,690	117,690			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (103,927)	(103,927)			
c. Speech Therapy - Non-Medicare	\$ 76,953	76,953			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (76,302)	(76,302)			
5. a. Occupational Therapy - Medicare	\$ 305,175	305,175			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (294,581)	(294,581)			
c. Occupational Therapy - Non-Medicare	\$ 224,265	224,265			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (219,050)	(219,050)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,139,135	11,139,135			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 34	34			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 6,376	6,376			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 1,188,803	1,188,803			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,195,213	1,195,213			
<b>VI. Total All Revenue</b> (III +V)	\$ 12,334,348	12,334,348			

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
20.5.f	LABORATORY MEDICARE A	\$ 4,603		
20.5.f	LAB - C/A ANCILLARIES MEDICARE A	\$ (4,603)		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
20.5.f	LABORATORY MANAGED CARE	\$ 1,895		
20.5.f	LABORATORY -C/A MANAGED CARE	\$ (1,895)		
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 26, Ln 1	Dividend & Interest Income	6,376	\$ 6,376		
<b>Total Interest Income</b>			\$ 6,376	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	HHS STIMULUS PAYMENTS	\$ 88,000		
N/A	CONTRACTUAL ALLOWANCE - HHS STIMULUS	\$ (88,000)		
Pg. 16 ln. n	RENTAL - COMM ROOM	\$ 1,350		
N/A	OTHER REVENUE - MISCELLANEOUS	\$ 10,413		
N/A	FEDERAL COVID STIMULUS	\$ 1,106,400		
N/A	CT COVID STIMULUS	\$ 70,640		
<b>Total Other Revenue</b>		\$ 1,188,803	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	654,566
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,510,667
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	21,521
5. Prepaid Expenses			\$	271,307
a. UNEXPIRED INSURANCE	270,061			
b. PREPAID EXPENSES	1,246			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	1,011,035
RESERVE FOR REPLACEMENT	963,084			
REAL ESTATE TAXES & INS - ESCROW	47,951			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>3,469,096</b>
B. Fixed Assets				
1. Land			\$	24,213
2. Land Improvements	*Historical Cost	391,099	\$	103,649
	Accum. Depreciation	287,450		Net
3. Buildings	*Historical Cost	8,106,640	\$	2,266,009
	Accum. Depreciation	5,840,631		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	1,438,582	\$	40,721
	Accum. Depreciation	1,397,861		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	109,457
Cost Report vs. Financial Statement Difference	109,457			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>2,544,049</b>

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	7d	Investments - Donor Restricted Funds Held by Affiliate	\$ 911,000
Total Other Assets			\$ 911,000

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Long-Term Liabilities (Itemize)			\$ -

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	6,013,145
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
United Methodist Homes 580 Long Hill Road, Shelton CT 06484			Various	
7. Other Assets ( <i>itemize</i> )			\$	1,018,161
Deferred Financing				170,405
Accum. Amort-Deferred Financing				(63,244)
See Schedule				911,000
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	1,018,161
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	7,031,306

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

## Annual Report of Long-Term Care Facility

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## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2021	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	658,903
2. Notes Payable ( <i>itemize</i> )				\$	
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	386,219
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	29,543
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	445,371
ACCRUED EXPENSES		96,420	DUE TO RESIDENTS T	112,010	
ACCRUED PROVIDER TAX PAY.		135,789	DEFERRED REVENUE	88,000	
SECURITY DEPOSITS LIABILITY		13,152			
SECURITY DEPOSITS-ACCR INT			See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,520,036

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility Bishop Wicke Health & Rehab Ctr.		License No. 812-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,520,036	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 13,601,283	
WICKE LOAN PAYABLE-M & T BANK		7,551,076			
DUE FROM AFFILIATES		6,050,207			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 13,601,283	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 15,121,319	

**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	(7,719,912)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2020	thru 9/30/2021	\$	(370,101)
7. Total Net Worth			\$	(8,090,013)
<b>C. Total Reserves and Net Worth</b>			\$	(8,090,013)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	7,031,306

### H. Changes in Total Net Worth

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2021	Page 36	of 37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	(7,856,400)		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,334,346		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,704,447		
D. Net Income or Deficit			\$	(370,101)		
E. Balance			\$	(8,226,501)		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
2. Other <i>(itemize)</i>						
Current Year Corporate Office Adjustment	(15,043)					
Current Year Insurance Adjustment	(25,701)					
Post Closing Adjustment	172,758					
Rehab Adjustment	4,475					
F-3. Total Additions					\$	136,489
G. Deductions						
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount				
2. Other Withdrawings <i>(Specify)</i>			\$			
Purpose	Amount					
3. Total Deductions			\$			
H. <b>Balance at End of Period</b>			\$	(8,090,012)		

### I. Preparer's/Reviewer's Certification

Name of Facility Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
The Lancaster Group, LLC				
Address Address			Phone Number	
813 Coopers Court, Lancaster, PA 17601-1477			504-605-8228	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Kevin McCall			504-605-8228	
Contact Email Address				
kevin.mccall@tlgconsultants.com				

Provider Name: Bishop Wicke Health & Rehabilitation Center  
Provider Number: 8128  
CRYE: 09/30/2021

# 2

## **Trial Balance & Related Workpapers**

0.00 0.00 0.00

Account	Description	Current Year Un:	Adjust	Current Year Adjusted Amount
02-10030-110-001	Cash In Banks Non Operating - Webster 7546	23,287.08		23,287.08
02-10010-110-001	Cash In Banks Operating Account	520,184.24		520,184.24
02-10030-130-001	Cash In Banks Non Operating - M&T 6447 (Govt)	-		-
02-13000-310-001	HUD Reserve For Replacements	963,083.64		963,083.64
02-13000-510-001	Escrow Deposits	47,950.54		47,950.54
02-10900-110-001	Petty Cash	700.00		700.00
02-13000-710-001	Residents Funds	110,394.22		110,394.22
02-11010-110-001	Accounts Receivable - Private	1,680,450.55		1,680,450.55
02-11010-310-001	Accounts Receivable - Medicare A	218,634.75		218,634.75
02-11010-330-001	Accounts Receivable - Medicare B	120,211.57		120,211.57
02-11010-350-001	Accounts Receivable - Medicaid	861,695.56		861,695.56
02-11010-370-001	Accounts Receivable - Managed Care	390,050.51		390,050.51
02-11010-910-001	Allowance For Pending Medicaid	(604,445.72)		(604,445.72)
02-11010-950-001	Allowance For Doubtful Debts	(1,086,595.27)		(1,086,595.27)
02-17010-001-001	Due To/From Affiliates - UMH	(6,050,207.00)		(6,050,207.00)
02-17700-110-001	Clearing Accounts - Misc	-		-
02-17700-150-001	Clearing Accounts - Intercompany	-		-
02-17700-210-001	Clearing Accounts - Payroll	-		-
02-12010-150-001	Prepaid Expenses - Insurance	270,061.48		270,061.48
02-12010-110-001	Prepaid Expenses - Other	1,245.82		1,245.82
02-15000-110-001	Land	24,213.49		24,213.49
02-15000-150-001	Land Improvements	389,985.00		389,985.00
02-15000-150-001.1	Prior Owner (Land Improvements)	-	1,114.18	1,114.18
02-15000-310-001	Buildings	1,778,576.13		1,778,576.13
02-15000-350-001	Building Improvements	5,467,841.24	921,063.56	6,388,904.80
02-15000-350-001.1	Prior Year Cost Report Adj (Accum Depr. Building & Building Impr)	-	(77,612.44)	(77,612.44)
02-15000-370-001	Building Equipment	1,233,578.93		1,233,578.93
02-15000-510-001	Furniture, Fixtures & Equipment	1,159,783.92	(921,064.56)	238,719.36
02-15000-510-001.1	Prior Owner (Movable Equipment)	-	(33,717.13)	(33,717.13)
02-15000-910-001	Construction In Progress	16,772.00		16,772.00
02-15500-150-001	Accumulated Depreciation - Land Improvements	(285,497.85)		(285,497.85)
02-15500-150-001.1	Pr. Owner (Accum Depr. Land Impr	-	(1,952.21)	(1,952.21)
02-15500-310-001	Accumulated Depreciation - Buildings	(1,778,576.13)	1,782.00	(1,776,794.13)
02-15500-330-001	Accumulated Depreciation - Building Improvements	(3,199,454.18)	13,111.20	(3,186,342.98)
02-15500-350-001.1	Prior Owner (Accum Depr. Building)	-	52,172.00	52,172.00
02-15500-370-001	Accumulated Depreciation - Building Equipment	(1,230,620.52)	300,955.00	(929,665.52)
02-15500-370-001.1	Accumulated Depreciation - FF&E - Current Owner	-	(300,954.93)	(300,954.93)
02-15500-510-001	Accumulated Depreciation - FF&E	(1,032,550.16)	146.00	(1,032,404.16)
02-15500-510-001.1	Prior Owner (Accum Depr. Movable Equipment)	-	(64,501.62)	(64,501.62)
02-15500-510-001.2	Fixed Asset Cost Report Difference	-	109,458.95	109,458.95
02-12500-110-001	Inventory	21,520.88		21,520.88
02-16000-110-001	Deferred Financing Costs	170,405.10		170,405.10
02-16500-110-001	Accumulated Amortization - Deferred Financing Costs	(63,244.20)		(63,244.20)
02-10100-510-001	Investments - Donor Restricted Funds Held by Affiliate	911,000.00		911,000.00
02-20010-110-002	Accounts Payable	(658,903.29)		(658,903.29)
02-21010-110-002	Accrued Expenses Payable	(96,419.90)		(96,419.90)
02-21010-150-002	Accrued Expenses Payable - Provider Tax	(135,789.00)		(135,789.00)
02-11010-390-001	Accounts Receivable - Resident Income	(69,335.55)		(69,335.55)
02-21700-110-002	Resident Security Deposits Payable	(13,152.04)		(13,152.04)
02-25100-190-002	Loan Payable - Mortgage	(7,551,076.06)		(7,551,076.06)
02-21010-210-002	Accrued Expenses Payable - Payroll	(82,507.00)		(82,507.00)
02-21010-250-002	Accrued Expenses Payable - ER Payroll Taxes	(29,545.00)		(29,545.00)
02-21010-270-002	Accrued Expenses Payable - PTO	(303,711.54)		(303,711.54)
02-21010-275-002	Accrued Expenses - PTO Other	-		-
02-21010-310-002	Accrued Expenses Payable - Pension	-		-
02-21010-330-002	Accrued Expenses Payable - 401K and 457 Plans	-		-
02-21010-130-002	Accrued Expenses Payable - Employee Donations	-		-
02-21010-220-002	Accrued Expenses Payable - Payroll Other	-		-
02-21010-230-002	Accrued Expenses Payable - EE Withholding Taxes	-		-
02-21010-190-002	Accrued Expenses Payable - Residents Trust	(112,009.70)		(112,009.70)
02-22010-110-002	Deferred Revenue	(88,000.00)		(88,000.00)
02-29300-100-003	Permanently Restricted Assets	(911,000.50)		(911,000.50)
02-29500-100-003	Retained Earnings	8,594,643.78	36,269.01	8,630,912.79
02-35100-100-350	Room & Board Revenue - Private	(2,975,125.32)		(2,975,125.32)
02-30200-360-310	Grant - Other	-		-
02-35100-200-355	Room & Board Revenue - Medicare	(1,632,204.92)	-	(1,632,204.92)
02-35100-300-360	Room & Board Revenue - Medicaid	(7,399,847.28)		(7,399,847.28)
02-35100-400-365	Room & Board Revenue - Managed Care	(1,230,775.00)	(113,688.88)	(1,344,463.88)
02-36100-100-370	Physical Therapy Revenue - Private	(19,295.60)		(19,295.60)
02-36100-500-370	Physical Therapy Revenue - Medicare B	(122,585.16)	(21,166.14)	(143,751.30)
02-36100-200-370	Physical Therapy Revenue - Medicare A	(246,100.66)	-	(246,100.66)
02-36100-400-370	Physical Therapy Revenue - Managed Care	(240,142.54)	40,723.28	(199,419.26)
02-36300-100-370	Occupational Therapy Revenue - Private	(5,214.50)		(5,214.50)
02-36300-500-370	Occupational Therapy Revenue - Medicare B	(4,826.42)	(18,717.37)	(23,543.79)

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Account	Description	Current Year Un:	Adjust	Current Year Adjusted Amount
02-36300-200-370	Occupational Therapy Revenue - Medicare A	(281,631.70)	-	(281,631.70)
02-36300-400-370	Occupational Therapy Revenue - Managed Care	(263,782.07)	44,732.07	(219,050.00)
02-36500-100-370	Speech Therapy Revenue - Private	(650.37)	-	(650.37)
02-36500-500-370	Speech Therapy Revenue - Medicare B	(11,260.31)	(6,853.07)	(18,113.38)
02-36500-200-370	Speech Therapy Revenue - Medicare A	(99,576.30)	-	(99,576.30)
02-36500-400-370	Speech Therapy Revenue - Managed Care	(91,884.07)	15,581.67	(76,302.40)
02-36600-200-370	Laboratory - Medicare A	(4,602.97)	-	(4,602.97)
02-36600-400-370	Laboratory - Managed Care	(2,281.70)	386.93	(1,894.77)
02-36600-200-370.2	RADIOLOGY MEDICARE A	-	-	-
02-36700-100-370	Medical Supply - Private	(6,542.29)	-	(6,542.29)
02-36700-200-370	Medical Supply - Medicare A	(6,588.02)	-	(6,588.02)
02-36700-300-370	Medical Supply - Medicaid	(7,648.27)	-	(7,648.27)
02-36700-400-370	Medical Supply - Managed Care	(6,942.66)	1,177.33	(5,765.33)
02-36800-100-370	Pharmacy - Private	-	-	-
02-36800-200-370	Pharmacy - Medicare A	(97,069.57)	-	(97,069.57)
02-36800-400-370	Pharmacy - Managed Care	(65,382.87)	11,087.60	(54,295.27)
02-53010-110-530	Dividend & Interest income	(6,375.77)	-	(6,375.77)
02-41100-110-425	Miscellaneous Revenue - Private	(884.06)	-	(884.06)
02-41100-300-425	Miscellaneous Rev - Medicaid	(10,100.00)	-	(10,100.00)
02-41100-310-425	Miscellaneous Revenue - Medicare A	(11,368.34)	-	(11,368.34)
02-41100-370-425	Miscellaneous Revenue - Managed Care	-	-	-
02-41010-190-425	Other Revenue - Guest Meals/Tray Charges	(33.50)	-	(33.50)
02-42010-110-450	Rental Income	(1,350.00)	-	(1,350.00)
02-41010-310-425	Other Revenue - Miscellaneous	(10,412.60)	-	(10,412.60)
02-41010-310-425.1	UNITED HEALTHCARE - DIVIDEND MATRIX	-	-	-
02-41010-310-425.2	Attorney fees on C. Russel Account	-	-	-
02-41010-310-425.3	MEDICAL RECORD COPIES	-	-	-
02-41010-410-425	Other Revenue - Outpatient Therapy	(32,715.61)	32,715.61	-
02-41015-310-425	Other Revenue - Miscellaneous - COVID - FED	(1,106,399.78)	-	(1,106,399.78)
02-41020-310-425	Other Revenue - Miscellaneous - COVID - CT	(70,640.00)	-	(70,640.00)
02-35100-150-350	Contractual Allowance Room & Board - Private	7,747.15	-	7,747.15
02-35100-250-355	Contractual Allowance - Room & Board - Medicare	(714,434.95)	-	(714,434.95)
02-35100-450-365	Contractual Allowance - Room & Board - Managed Care	107,249.57	-	107,249.57
02-35100-350-360	Contractual Allowance - Room & Board - Medicaid	3,088,730.89	-	3,088,730.89
02-35900-150-370	Contractual Allowance - Ancillaries - Private	(75,547.20)	-	(75,547.20)
02-35900-350-370	Contract Allow - Ancillaries - Medicaid	7,648.27	-	7,648.27
02-35900-550-370	Contractual Allowance - Ancillaries - Medicare B	28,265.15	(28,265.15)	-
02-35900-250-370	Contractual Allowance - Ancillaries - Medicare A	735,569.22	(735,569.22)	-
02-35900-250-370.1	PT-C/A ANCILLARIES MEDICARE A	-	246,100.66	246,100.66
02-35900-250-370.2	OT - C/A ANCILLARIES MEDICARE A	-	281,631.70	281,631.70
02-35900-250-370.3	ST- C/A ANCILLARIES MEDICARE A	-	99,576.30	99,576.30
02-35900-250-370.4	OXYGEN - C/A ANCILLARIES MEDICARE A	-	-	-
02-35900-250-370.5	LAB - C/A ANCILLARIES MEDICARE A	-	4,602.97	4,602.97
02-35900-250-370.6	PHARM - C/A ANCILLARIES MEDICARE A	-	97,069.57	97,069.57
02-35900-250-370.7	RADIOLOGY - C/A ANCILLARIES MEDICARE A	-	-	-
02-35900-250-370.8	MEDICAL SUPPLIES - C/A ANCILLARIES MEDICARE A	-	6,588.02	6,588.02
02-35900-550-370.1	PT-C/A ANCILLARIES MEDICARE B	-	24,986.23	24,986.23
02-35900-550-370.2	OT - C/A ANCILLARIES MEDICARE B	-	983.76	983.76
02-35900-550-370.3	ST- C/A ANCILLARIES MEDICARE B	-	2,295.16	2,295.16
02-41010-410-425.1	OUTPATIENT THERAPY PROGRAM (PHY THER C/A)	-	6,349.84	6,349.84
02-41010-410-425.2	OUTPATIENT THERAPY PROGRAM (OCC THER C/A)	-	5,615.21	5,615.21
02-41010-410-425.3	OUTPATIENT THERAPY PROGRAM (SPEECH THER C/A)	-	2,055.92	2,055.92
02-35900-450-370	Contractual Allowance - Ancillaries - Managed Care	556,727.03	(556,727.03)	-
02-35900-450-370.1	PT-C/A ANCILLARIES MANAGED CARE	-	199,419.26	199,419.26
02-35900-450-370.2	OT-C/A ANCILLARIES MANAGED CARE	-	219,050.00	219,050.00
02-35900-450-370.3	ST-C/A ANCILLARIES MANAGED CARE	-	76,302.40	76,302.40
02-35900-450-370.4	LAB-C/A ANCILLARIES MANAGED CARE	-	1,894.77	1,894.77
02-35900-450-370.5	MEDICAL SUPPLY-C/A ANCILLARIES MANAGED CARE	-	5,765.33	5,765.33
02-35900-450-370.6	PHARMACY-C/A ANCILLARIES MANAGED CARE	-	54,295.27	54,295.27
02-35950-150-370	Contractual Allowance - Sequester Adj - Private	-	-	-
02-35950-250-370	Contractual Allowance - Sequester Adj - Medicare	(4,060.70)	-	(4,060.70)
02-35950-350-370	Contractual Allowance - Sequester Adj - Medicaid	-	-	-
02-55010-110-550	Other Income (Loss)-(For FY 2017 this is Change in Value of Donor Restricted funds held by Affiliated Foundation)	-	-	-
02-55020-110-425	Stimulus Revenue	-	(88,000.00)	(88,000.00)
02-55030-110-425	Contractual Allowance - Stimulus Revenue	-	88,000.00	88,000.00
02-61150-100-800	Salary Expense - Management & Supervision	293,680.72	-	293,680.72
02-61200-100-800	Salary Expense - RN	73,259.40	-	73,259.40
02-61500-100-800	Salary Expense - Staff	122,513.87	-	122,513.87
02-61200-100-810	Salary Expense - RN	1,133,450.92	-	1,133,450.92
02-61290-100-810	Salary Expense - LPN	758,619.41	-	758,619.41
02-61300-100-810	Salary Expense - CNA	1,864,163.77	-	1,864,163.77
02-81010-110-810	Nursing Services - Consulting Fees	66,339.25	(2,990.00)	63,349.25
02-81010-110-810.1	PHYSICAL THERAPY - ALLIANCE TRAINING	-	1,316.49	1,316.49

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9/30/2021

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Account	Description	Current Year Un:	Adjust	Current Year Adjusted Amount
02-81010-110-810.2	OCCUPATIONAL THERAPY - ALLIANCE TRAINING	-	1,209.81	1,209.81
02-81010-110-810.3	SPEECH THERAPY - ALLIANCE TRAINING	-	463.70	463.70
02-81010-110-810.4	SDX Swallowing from	-	-	-
02-81010-130-810	Nursing Serv - Drugs	151,661.38	-	151,661.38
02-81010-210-810	Nursing Serv - Employment Agency - RN	45,393.75	175.00	45,568.75
02-81010-230-810	Nursing Services - Employment Agency Pool - LPN	33,998.75	-	33,998.75
02-81010-230-810.1	Nursing Services - Employment Agency Pool - RN	-	-	-
02-81010-250-810	Nursing Serv - Employment Agency - AIDE	28,431.00	-	28,431.00
02-81010-350-810	Nursing Services - Supplies (Gauze, Tape)	318,417.34	(25,398.63)	293,018.71
02-81010-350-810.1	MEDICAL RECORD SUPPLIES (Omnicare)	-	-	-
02-81010-350-810.2	Nursing Services - Drugs	-	25,223.63	25,223.63
02-81010-330-810	Nursing Services - Supplies Non-Billable	11,332.44	-	11,332.44
02-82010-150-820	Ancillary Expense - Laboratory Services	12,684.67	-	12,684.67
02-82010-250-820	Ancillary Expense - X-Ray	7,053.58	-	7,053.58
02-82010-110-820	Ancillary Expense - Ambulance	-	-	-
02-82010-190-820	Ancillary Expense - Oxygen Supplies	19,496.00	-	19,496.00
02-82010-130-820	Ancillary Expense - Equipment Rental	35,436.18	-	35,436.18
02-82010-310-820	Ancillary Expense - Contracted MCA	485,540.53	(485,540.53)	-
02-82010-310-820.1	SPEECH THERAPY- PART A	-	56,873.08	56,873.08
02-82010-310-820.2	OCCUPATIONAL THERAPY- PART A	-	118,098.58	118,098.58
02-82010-310-820.3	PHYSICAL THERAPY - PART A	-	124,917.59	124,917.59
02-82010-330-820	Ancillary Expense - Contracted MCB	136,727.95	(136,727.95)	-
02-82010-330-820.1	SPEECH THERAPY- PART B	-	14,360.00	14,360.00
02-82010-330-820.2	OCCUPATIONAL THERAPY- PART B	-	55,979.25	55,979.25
02-82010-330-820.3	PHYSICAL THERAPY - PART B	-	74,257.17	74,257.17
02-82010-350-820	Ancillary Expense - Contracted Other Payors	44,513.07	(44,513.07)	-
02-82010-350-820.1	SPEECH THERAPY- OTHER PAYORS	-	32,866.76	32,866.76
02-82010-350-820.2	OCCUPATIONAL THERAPY- OTHER PAYORS	-	97,526.29	97,526.29
02-82010-350-820.3	PHYSICAL THERAPY - OTHER PAYORS	-	96,377.94	96,377.94
02-82010-170-820	Ancillary Expense - Medical Supplies - Non Billable	712.55	-	712.55
02-82010-210-820	Ancillary Expense - Therapy Supplies	2,046.79	-	2,046.79
02-82010-210-820.1	PHYSICAL THERAPY SUPPLIES	-	-	-
02-82010-210-820.2	SPEECH THERAPY SUPPLIES	-	-	-
02-82010-210-820.3	OCCUPATIONAL THERAPY SUPPLIES	-	-	-
02-83010-110-830	Medical Services Expense - Medical Director	24,000.00	-	24,000.00
02-83010-130-830	Medical Services Expense - Pharmacist	10,186.81	-	10,186.81
02-83010-150-830	Medical Services Expense - Physician	1,332.21	-	1,332.21
02-83010-170-830	Medical Services Expense - Dentist	6,480.00	-	6,480.00
02-61500-100-770	Salary Expense - Staff	139,276.52	-	139,276.52
02-61150-100-775	Salary Expense - Management & Supervision	72,982.00	-	72,982.00
02-61500-100-775	Salary Expense - Staff	92,216.68	-	92,216.68
02-77500-150-775	Recreation Expense - Entertainers	8,800.00	-	8,800.00
02-77500-210-775	Recreation Expense - Supplies	5,925.35	-	5,925.35
02-77500-110-775	Recreation Expense - Activities	100.00	-	100.00
02-61150-100-730	Salary Expense - Management & Supervision	320,214.84	-	320,214.84
02-61500-100-730	Salary Expense - Staff	469,390.74	-	469,390.74
02-73010-310-730	Dietary Expenses - Uniforms	907.60	-	907.60
02-73010-150-730	Dietary Expenses - Laundry Services	18,877.43	-	18,877.43
02-73010-250-730	Dietary Expenses - Raw Food & Beverage	362,291.06	-	362,291.06
02-73010-210-730	Dietary Expenses - Nutritional Supplements	27,249.63	-	27,249.63
02-73010-130-730	Dietary Expenses - Dietary Supplies	54,834.22	-	54,834.22
02-72010-210-720	Marketing Expense - Promotions	193.70	-	193.70
02-72010-102-720	Marketing Expense - Bishop Wicke	6,620.12	-	6,620.12
02-61100-100-700	Salary Expense - Executives	121,888.24	-	121,888.24
02-61150-100-700	Salary Expense - Management & Supervision	-	-	-
02-61500-100-700	Salary Expense - Staff	384,636.20	(117,761.01)	266,875.19
02-61500-100-700.2	Other Accountants' Salary	-	117,761.01	117,761.01
02-65500-110-650	Payroll Tax Expense - FICA	454,629.47	-	454,629.47
02-67500-290-675	Employee Benefit Expense - Workers' Comp	141,834.75	-	141,834.75
02-67500-270-675	Employee Benefit Expense - Unemployment Taxes	41,434.08	-	41,434.08
02-67500-190-675	Employee Benefit Expense - Health Insurance	608,691.45	-	608,691.45
02-67500-130-675	Employee Benefit Expense - Employee Physicals	21,725.89	-	21,725.89
02-67500-210-675	Employee Benefit Expense - Life Insurance	78,367.33	-	78,367.33
02-67500-250-675	Employee Benefit Expense - Pension Expense	-	-	-
02-67500-110-675	Employee Benefit Expense - 401K Match	170,799.02	-	170,799.02
02-67500-150-675	Employee Benefit Expense - Employee Relations	22,689.36	-	22,689.36
02-67500-230-675	Employee Benefit Expense - Other Benefits	-	-	-
02-70010-110-700	General & Administrative Expense - Accounting Fees	32,645.00	-	32,645.00
02-70010-290-700	General & Administrative Expense - Legal Fees	8,222.90	-	8,222.90
02-91010-110-910	Management Fees	446,037.00	(446,037.00)	-
02-91010-110-910.1	OTHER CORPORATE OFFICE INDIRECT SALARIES	-	248,078.36	248,078.36
02-91010-110-910.2	OTHER CORPORATE OFFICE INDIRECT BEN	-	62,019.59	62,019.59
02-91010-110-910.3	OTHER CORPORATE OFFICE INDIRECT TAXES	-	17,036.51	17,036.51
02-91010-110-910.4	FINANCE DEPT. BENEFITS PAID THRU UMH	-	17,194.09	17,194.09



Bishop Wicke  
 Ancillary Revenue Adjustment  
 CRYE 9/30/2021

Part A Ancillary Adjustment		Unadjusted TB	% To Total	Adjustment	Revised TB
02-35100-200-355	ROOM AND BOARD MEDICARE A	(1,632,204.92)		-	(1,632,204.92)
02-36100-200-370	PHYSICAL THERAPY MEDICARE A	(246,100.66)	33%	-	(246,100.66)
02-36300-200-370	OCCUPATIONAL THERAPY MEDICARE A	(281,631.70)	38%	-	(281,631.70)
02-36500-200-370	SPEECH THERAPY MEDICARE A	(99,576.30)	14%	-	(99,576.30)
02-36600-200-370	LABORATORY MEDICARE A	(4,602.97)	1%	-	(4,602.97)
02-36800-200-370	PHARMACY MEDICARE A	(97,069.57)	13%	-	(97,069.57)
02-36600-200-370.2	RADIOLOGY MEDICARE A	-	0%	-	-
02-36700-200-370	MEDICAL SUPPLY MEDICARE A	(6,588.02)	1%	-	(6,588.02)
	Subtotal	(735,569.22)	100%	-	(735,569.22)
02-35900-250-370	Contractual Allowance - Ancillaries - Medicare A	735,569.22		(735,569.22)	-
02-35900-250-370.1	PT-C/A ANCILLARIES MEDICARE A	-		246,100.66	246,100.66
02-35900-250-370.2	OT - C/A ANCILLARIES MEDICARE A	-		281,631.70	281,631.70
02-35900-250-370.3	ST- C/A ANCILLARIES MEDICARE A	-		99,576.30	99,576.30
02-35900-250-370.5	LAB - C/A ANCILLARIES MEDICARE A	-		4,602.97	4,602.97
02-35900-250-370.6	PHARM - C/A ANCILLARIES MEDICARE A	-		97,069.57	97,069.57
02-35900-250-370.7	RADIOLOGY - C/A ANCILLARIES MEDICARE A	-		-	-
02-35900-250-370.8	MEDICAL SUPPLIES - C/A ANCILLARIES MEDICARE A	-		6,588.02	6,588.02
	Subtotal	735,569.22		0.00	(735,569.22)
	Total	-		0.00	-

Part B Ancillary Adjustment		Unadjusted TB	% To Total	Adjustment	Revised TB
02-36100-500-370	PHYSICAL THERAPY MEDICARE B	(122,585.16)	88%		(122,584.28)
02-36300-500-370	OCCUPATIONAL THERAPY MEDICARE B	(4,826.42)	3%		(4,826.39)
02-36500-500-370	SPEECH THERAPY MEDICARE B	(11,260.31)	8%		(11,260.23)
	Subtotal	(138,671.89)			(138,670.89)
02-35900-550-370	C/A ANCILLARIES MEDICARE B	28,265.15		(28,265.15)	-
02-35900-550-370.1	PT-C/A ANCILLARIES MEDICARE B	-		24,986.23	24,986.23
02-35900-550-370.2	OT - C/A ANCILLARIES MEDICARE B	-		983.76	983.76
02-35900-550-370.3	ST- C/A ANCILLARIES MEDICARE B	-		2,295.16	2,295.16
	Subtotal	28,265.15		(0.00)	28,265.15

Managed Care Ancillary Adjustment		Unadjusted TB	% To Total	Adjustment	Revised TB
02-35100-400-365	Room & Board Revenue - Managed Care	(1,230,775.00)		(113,688.88)	(1,344,463.88)
02-36100-400-370	Physical Therapy Revenue - Managed Care	(240,142.54)	36%	40,723.28	(199,419)
02-36300-400-370	Occupational Therapy Revenue - Managed Care	(263,782.07)	39%	44,732.07	(219,050)
02-36500-400-370	Speech Therapy Revenue - Managed Care	(91,884.07)	14%	15,581.67	(76,302)
02-36600-400-370	Laboratory - Managed Care	(2,281.70)	0%	386.93	(1,895)
02-36700-400-370	Medical Supply - Managed Care	(6,942.66)	1%	1,177.33	(5,765)
02-36800-400-370	Pharmacy - Managed Care	(65,382.87)	10%	11,087.60	(54,295)
	Subtotal	(670,415.91)	100%	0.00	(556,727.03)
02-35900-450-370	C/A ANCILLARIES MANAGED CARE	556,727.03		(556,727.03)	-
02-35900-450-370.1	PT-C/A ANCILLARIES MANAGED CARE	-		199,419.26	199,419.26
02-35900-450-370.2	OT-C/A ANCILLARIES MANAGED CARE	-		219,050.00	219,050.00
02-35900-450-370.3	ST-C/A ANCILLARIES MANAGED CARE	-		76,302.40	76,302.40
02-35900-450-370.4	LAB-C/A ANCILLARIES MANAGED CARE	-		1,894.77	1,894.77
02-35900-450-370.5	MEDICAL SUPPLY-C/A ANCILLARIES MANAGED CARE	-		5,765.33	5,765.33
02-35900-450-370.6	PHARMACY-C/A ANCILLARIES MANAGED CARE	-		54,295.27	54,295.27
	Subtotal	556,727.03		0.00	556,727.03
	Total	(113,688.88)		0.00	-

Bishop Wicke  
 Outpatient Therapy Revenue Adjustment  
 CRYE 9/30/2021

Purpose: To allocate outpatient therapy charges on the basis of identifiable therapy by discipline since client was unable to detail.

Therapy	Amount	% to Total	NET ALLOCATION			Medicare Cost Ct.
			DIVIDE BY 70%	CONTRACTUAL ALLOWANCE	NET ALLOCATION	
Physical Therapy	(628,124)	45%	(21,166)	6,350	(14,816)	44
Occupationa Therapy	(555,455)	40%	(18,717)	5,615	(13,102)	45
Speech Therapy	(203,371)	15%	(6,853)	2,056	(4,797)	46
	<b>(1,386,950)</b>	100%	<b>(46,737)</b>	<b>14,021</b>	<b>(32,716)</b>	

Per TB, 02-41010-410-425

Account	Description	Current Year Unadjusted
02-36100-100-370	Physical Therapy Revenue - Private	(19,296)
02-36100-500-370	Physical Therapy Revenue - Medicare B	(122,585)
02-36100-200-370	Physical Therapy Revenue - Medicare A	(246,101)
02-36100-400-370	Physical Therapy Revenue - Managed Care	(240,143)
	<b>TOTAL</b>	<b><u>(628,124)</u></b>
02-36300-100-370	Occupational Therapy Revenue - Private	(5,215)
02-36300-500-370	Occupational Therapy Revenue - Medicare B	(4,826)
02-36300-200-370	Occupational Therapy Revenue - Medicare A	(281,632)
02-36300-400-370	Occupational Therapy Revenue - Managed Care	(263,782)
	<b>TOTAL</b>	<b><u>(555,455)</u></b>
02-36500-100-370	Speech Therapy Revenue - Private	(650)
02-36500-500-370	Speech Therapy Revenue - Medicare B	(11,260)
02-36500-200-370	Speech Therapy Revenue - Medicare A	(99,576)
02-36500-400-370	Speech Therapy Revenue - Managed Care	(91,884)
	<b>TOTAL</b>	<b><u>(203,371)</u></b>
02-41010-410-425	OUTPATIENT THERAPY PROGRAM	<b><u>(32,716)</u></b>

Bishop Wicke  
MISCELLANEOUS REVENUE  
02-41010-310-425  
9/30/2021

COVID New Mexico Training	(6,000.00)
United Healthcare Quarly Dividend	(2,489.17)
Estate of Isabel Roberts	(1,773.81)
Other	(149.60)

BALANCE AT 9/30/2021

(10,413)

Bishop Wicke

**OMNICARE**

Included in Account No. 02-81010-350-810

**Nursing Services - Supplies (Gauze, Tape)**

CRYE: 9/30/2021

	OTC	RX	IV	SUPPLY	Med Rec	RN	PUMP	TOTAL	RN Hrs
Oct-20		\$ 3,501.38	\$ 1,913.92				\$ 208.00	\$ 3,180.45	0.00
Nov-20		\$ (18.57)	\$ 668.57				\$ 208.00	\$ 6,061.12	0.00
Dec-20		\$ 1,081.55	\$ 368.50	\$ 305.70			\$ 120.00	\$ 3,015.61	0.00
Jan-21		\$ 90.01	\$ 384.62	\$ 257.70			\$ 72.00	\$ 3,260.19	0.00
Feb-21		\$ 405.13	\$ -					\$ 4,955.77	0.00
Mar-21		\$ 1,932.89	\$ 15.00	\$ 21.86				\$ 5,433.80	0.00
Apr-21		\$ 1,731.54	\$ 101.76			\$ 175.00		\$ 2,504.71	1.00
May-21		\$ 1,571.45	\$ 603.84	\$ 152.00				\$ 4,221.03	0.00
Jun-21		\$ 2,063.17	\$ -	\$ 185.70				\$ 4,340.38	0.00
Jul-21		\$ 6,926.58	\$ -	\$ 8.91				\$ 3,460.97	0.00
Aug-21		\$ 78.83	\$ 615.39	\$ 136.00				\$ 8,029.60	0.00
Sep-21		\$ 1,146.87	\$ 41.20	\$ 315.00				\$ 6,008.32	0.00
	\$ -	\$ 20,510.83	\$ 4,712.80	\$ 1,382.87	\$ -	\$ 175.00	\$ 608.00	\$ 27,389.50	1.00

R/C to	R/C to	No R/C	R/C to	R/C to	No R/C
02-81010-350-810.2	02-81010-350-810.2		02-81010-350-810.1	02-81010-230-810.1	
DRUGS-RX	DRUGS-RX		MEDICAL RECORD	RN Pool	
			SUPPLIES (Omnicare)		

RX	\$ 20,510.83
IV	\$ 4,712.80
RN	\$ 175.00
	<u>\$ 25,398.63</u>

**BISHOP WICKE HEALTH CENTER  
 NURSING CONSULTANT EXPENSE  
 ACCOUNT # 02-81010-110-810  
 CRYE 9/30/2021**

Vendor	Decription	Hrs	AMOUNT
SDX Swallowing	Assessment		\$ -
MDS Rescue	Nursing Service - Consulting	290	\$ 63,349.00
Symbria Rehab	Training	45	\$ 2,990.00
		45	\$ 2,990.00
			<b>\$ 66,339.00</b>

Reclass Alliance Training/Symbria Expense

R/C from Nursing Consulting Expense therapy (45) \$ (2,990.00)

	Therapy Expense per pg. 13 (Resident Care)	% to Total	Allocate Training Dollars	Allocate Hours	Hrly Rt
Physical Therapy	295,553	44.03%	\$ 1,316.49	20	\$ 66.44
Occupational Theapy	271,604	40.46%	\$ 1,209.81	18	\$ 66.44
Speech Therapy	104,100	15.51%	\$ 463.70	7	\$ 66.44
	<b>671,257</b>	<b>100.00%</b>	<b>\$ 2,990.00</b>		
		Hours		45	
		Hrly Rt	\$	66.44	

**BISHOP WICKE HEALTH  
INTEREST/ LOANS & NOTES PAYABLE**

**September 30, 2021**

	FYE 9/30/2021	FYE 9/30/2021	Allocate 2021 MT & T		
		% allocations	Loan Interest	MIP	Total
New Loan	181,965	78.1%	151,973	38,394	190,367
Refunded Loan	50,973	21.9%	42,572		42,572
	<u>232,938</u>	<u>100.0%</u>	<u>194,544</u>	<u>38,394</u>	<u>232,938</u>

Pg. 29, line 29.50

**Bishop Wicke**  
**Gen & Admin - Equipment Rental**  
**02-70010-210-700**  
**9/30/2021**

<b>Vendor</b>	<b>Description</b>	<b>Amount</b>
Pitney Bowes Global Financial Services LLC	Meter Equipment	686.64
Prism/ Leaf	Copier	4,644.00
		<u>5,330.64</u>

**BISHOP WICKE HEALTH CARE CENTER  
THERAPY TREATMENTS  
FOR FISCAL YEAR ENDED SEPTEMBER 30, 2021**

**PHYSICAL THERAPY**

	TIME				# TREATMENTS (UNITS)			TOTAL
	MEDICARE	MED B	Other		MEDICARE	MED B	Other	
Minutes	91,012	34,380	95,368	220,760	5,839	2,282	6,019	14,140
Hours	1,517	573	1,589	3,679				

**OCCUPATIONAL THERAPY**

	TIME				# TREATMENTS (UNITS)			TOTAL
	MEDICARE	MED B	Other		MEDICARE	MED B	Other	
Minutes	105,725	21,265	95,368	222,358	6,658	1,436	6,277	14,371
Hours	1,762	354	1,589	3,706				

**SPEECH THERAPY**

	TIME				# TREATMENTS (UNITS)			TOTAL
	MEDICARE	MED B	Other		MEDICARE	MED B	Other	
Minutes	33,125	5,200	31,025	69,350	1,117	153	951	2,221
Hours	552	87	517	1,156				

	PT	OT	ST
Medicare Treatments	8,121	8,094	1,270
Medicare Revenue	389,852	305,175	117,690
	2.1%	2.7%	1.1%
Medicaid Revenue (No therapy identified on TB or vendor rehab report)	N/A	N/A	N/A
Medicaid Treatments Estimated	-	-	-

**PHYSICAL THERAPY**

\$ DOLLARS			
02-82010-310-820.3	02-82010-330-820.3	02-82010-350-820.3	TOTAL
MEDICARE	MED B	OTHER	TOTAL
\$ 124,917.59	\$ 74,257.17	\$ 96,377.94	\$ 295,552.70

**OCCUPATIONAL THERAPY**

\$ DOLLARS			
02-82010-310-820.2	02-82010-330-820.2	02-82010-350-820.2	TOTAL
MEDICARE	MED B	OTHER	TOTAL
\$ 118,098.58	\$ 55,979.25	\$ 97,526.29	\$ 271,604.12

**SPEECH THERAPY**

\$ DOLLARS			
02-82010-310-820.1	02-82010-330-820.1	02-82010-350-820.1	TOTAL
MEDICARE	MED B	OTHER	TOTAL
\$ 56,873.08	\$ 14,360.00	\$ 32,866.76	\$ 104,099.84

TOTAL	MEDICARE	MED B	OTHER	Total
TOTAL	\$ 299,889.25	\$ 144,596.42	\$ 226,770.99	\$ 671,256.66
G/L BAL Before Adj	\$ 485,540.53	\$ 136,727.95	\$ 44,513.07	\$ 666,781.55
Variance	\$ (185,651.28)	\$ 7,868.47	\$ 182,257.92	\$ 4,475.11

G/L ACCT	02-82010-310-820	02-82010-330-820	02-82010-350-820	
G/L BAL Before Adj	\$ 485,540.53	\$ 136,727.95	\$ 44,513.07	666,782

**BISHOP WICKE HEALTH CENTER  
 ADMINISTRATIVE SALARIES PG. 10  
 FISCAL YEAR SEPTEMBER 30, 2021**

NAME	TOTAL HRS.	SALARY	ACCOUNT NO.
<b>ADMINISTRATOR</b>			
DEBRA SAMORAJCZYK	2,120	121,888	
	2,120	121,888	02-61100-100-700
<b>BOOKEEPERS</b>			
Bish, Charlanda	2,063	52,214	
Moyher, Barbara J	2,242	65,547	
<b>R/C to Accounting Salaries</b>	4,305	117,761	02-61500-100-700
<b>SECRETARY</b>			
Bergers, Kendra M	44	657	
Keleman, Mary Ellen	2,242	65,764	
	2,286	66,421	02-61500-100-700
<b>RECEPTIONIST</b>			
Pettway, Mittie M.	263	4,957	
Leibovitch, Debra A.	61	2,011	
Rehling, Joyce A.	5	99	
Chhoeun, Sreynin	14	684	
Flores, Mia Lisa	131	2,392	
Clifford, Mary	703	9,843	
Moran, Debra	753	19,440	
Sanza, Ann	1,613	25,453	
Rose, Peggy-Ann	171	2,912	
	3,712	67,792	02-61500-100-700
<b>ADMISSIONS</b>			
Gaites, Angela L.	2,228	43,664	
Herrick, Glenda L.	2,160	98,168	
	4,388	141,831	02-61500-100-700
<b>TOTAL FOR</b>	<b>14,690</b>	<b>393,805</b>	<b>02-61500-100-700</b>

UMH of Bishop Wicke  
 Page 16 (Item m12)  
 FOR YEAR ENDED SEPTEMBER 2021

ENTIRE SCHEDULE IS CELL REFERENCED

Reported on Page 16 in compliance with 9/30/2013 Medicaid management letter comment.

## Corporate Allocation

Computed

DIRECT ALLOCATION	HRS	SALARY	BENEFITS	TAXES *****	Sal & Ben	Taxes	Total
Head Accountant Page 10, Item 11a.	520	\$9,519	2,380	\$728			
Other Accountants Page 10, Item 11b.	1,898	\$68,776	17,194	\$5,261			
	<b>2,418</b>	<b>\$78,296</b>	<b>\$19,574</b>	<b>\$5,990</b>	<b>\$97,870</b>	<b>\$5,990</b>	<b>\$103,859</b>

	HRS	SALARY	BENEFITS	TAXES	Sal & Ben	Taxes	Total
Corporate Office Indirect Salaries & Benefits		\$672,857	\$168,214	\$46,208			
Corporate Allocation to Bishop Wicke based on Revenues %		37%	37%	37%			
Corporate Indirect Allocation to Bishop Wicke	4,601	<b>\$248,078</b>	<b>\$62,020</b>	\$17,037	<b>\$310,098</b>	<b>\$17,037</b>	<b>\$327,134</b>
				*****			

	HRS	SALARY	BENEFITS	TAXES		Patient Days	Costs per Day
DIRECT ALLOCATION TO Bishop Wicke	2,418	\$78,296	\$19,574	\$5,990	\$97,870	\$5,990	\$103,859
INDIRECT ALLOCATION TO Bishop Wicke	4,601	\$248,078	\$62,020	\$17,037	\$310,098	\$17,037	\$327,134
<b>TOTAL CORPORATE ALLOCATION</b>	<b>7,019</b>	<b>\$326,374</b>	<b>\$81,594</b>	<b>\$23,026</b>	<b>\$407,968</b>	<b>\$23,026</b>	<b>\$430,994</b>

\$407,968		
	Patient Days	30,562
	Management Fee Ilmit	\$6.96
		\$212,712
Management Fees Computed		\$430,994
P. 28, Ln 21 Adjustment		(\$218,282)

	Salaries & B	Taxes	Total
Direct	\$97,870	\$5,990	\$103,859
Indirect	\$310,098	\$17,037	\$327,134
<b>Total Personnel</b>	<b>\$407,968</b>	<b>\$23,026</b>	<b>\$430,994</b>

**Bishop Wicke  
INSURANCE  
FOR YEAR ENDED 9/30/2021**

	Total	% to Total	Allocate trial balance	To TBMAP Adj to agree to support
Insurance on Property (buildings only)	\$27,677	15%	\$31,424	(3,747)
Other (Liability, D & O) (See Attached Sch)	\$162,158	85%	\$184,112	(21,954)
	<u>\$189,835</u>	100%	<u>\$215,536</u>	<u>(25,701)</u>

Per Reconciliation	189,835	
Per Trial Balance, Acct. 72009300	<u>215,536</u>	02-70010-230-700
	<u><u>(25,701)</u></u>	

**Bishop Wicke  
INSURANCE  
FOR YEAR ENDED 9/30/21**

TYPE	POLICY HOLDER	TOTAL PREMIUM	%	FACILITY PORTION	Policy Period TERM	EXPENSE @ 9/30/21	End date	Start Date	
PROPERTY	ONE BEACON-HARTFORD	119,625	22.94%	\$27,447	07/23/20 TO 07/23/21	22,259	7/23/2021	10/1/2020	296
	ONE BEACON-HARTFORD	124,923	22.94%	\$28,663	07/23/21 TO 07/23/22	5,418	9/30/2021	7/24/2021	69
						<u>\$27,677</u>			<u>365</u>
LONG TERM CARE LIAB	MERIT-BEACON				07/23/20 TO 07/23/21				
EXCESS L/T CARE LIAB	MERIT-BEACON				07/23/20 TO 07/23/21				
COMMERCIAL CRIME	HARTFORD - MERIT				07/23/20 TO 07/23/21				
FIDUCIARY LIAB	HARTFORD - MERIT				07/23/20 TO 07/23/21				
		<u>\$ 445,265</u>	<u>37.33%</u>	<u>166,195</u>		<u>\$134,778</u>	7/23/2021	10/1/2020	296
LTC GENERAL & PROF LIAB	MERIT-BEACON				07/23/21 TO 07/23/22				
EXCESS LIABILITY	MERIT-BEACON				07/23/21 TO 07/23/22				
COMMERCIAL CRIME	HARTFORD - MERIT				07/23/21 TO 07/23/22				
BOND - PENSION & 401 K	HARTFORD - MERIT				07/23/21 TO 07/23/22				
		<u>\$ 390,000</u>	<u>31.42%</u>	<u>122,519</u>		<u>\$23,161</u>	9/30/2021	7/24/2021	69
Cyber	Aspen Specialty Insurance	\$ 17,431		2,906	6/30/2020 to 6/30/2021	2,174	6/30/2021	10/1/2020	273
Cyber	Aspen Specialty Insurance	\$ 21,748		3,625	6/30/2021 to 6/30/2022	914	9/30/2021	7/1/2021	92
						<u>\$3,087</u>			<u>365</u>
Commercial Crime	Hartford	\$ 6,710		1,119	5/1/2020 to 5/1/2021	653	5/1/2021	10/1/2020	213
Commercial Crime	Hartford	\$ 6,898		1,150	5/1/2021 to 5/1/2022	479	9/30/2021	5/2/2021	152
						<u>\$1,132</u>			<u>365</u>
Total Liability						<u>\$162,158</u>			
Total Property & Liability Insurance						<u>\$189,835</u>			
Total per Account 02-70010-230-700						<u>215,536</u>			
Adjustment						<u>(\$25,701)</u>			

**BISHOP WICKE**  
**LAND**  
**09/30/21**  
**Acct. # 02-15000-110-001**

DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/2020		BEGINNING BALANCE		24,213
		ADDITIONS 2021		<u>-</u>
		<b>GENERAL LEDGER BALANCE 9/30/21</b>		<u><u>24,213</u></u>

-

**BISHOP WICKE**  
**LAND IMPROVEMENTS**  
**09/30/21**  
**Acct. # 02-15000-150-001**

DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/2020		BEGINNING BALANCE		389,985
		ADDITIONS 2021		<u>-</u>
		<b>GENERAL LEDGER BALANCE 9/30/21</b>		<u><u>389,985</u></u>

**BISHOP WICKE**  
**BUILDINGS**  
**09/30/21**  
**Acct. # 02-15000-310-001**

DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/2020		BEGINNING BALANCE		<u><u>1,778,576</u></u>
		ADDITIONS 2021		<u>-</u>
		<b>GENERAL LEDGER BALANCE 9/30/21</b>		<u><u>1,778,576</u></u>

**BISHOP WICKE  
BUILDING IMPROVEMENTS  
09/30/21  
Acct. # 02-15000-350-001**

DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/2020	BEGINNING BALANCE		VARIOUS	5,461,778
10/1/2020	LeClaire Heating & Air LLC	booster pump	5	2531
8/23/2021	Business Card	AC - Chiller	5	1102
9/30/2021	C.E. FLOYD			2430
		ADDITIONS 2021		<u>6,063</u>
		<b>GENERAL LEDGER BALANCE 9/30/21</b>		<u><u>5,467,841</u></u>

**BISHOP WICKE  
BUILDING EQUIPMENT/MACHINERY  
09/30/21  
ACCT. # 02-15000-370-001 (Fixed Equipment portion)**

DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/2020	BEGINNING BALANCE		VARIOUS	926,682
		ADDITIONS 2021		<u>-</u>
		<b>GENERAL LEDGER BALANCE 9/30/21</b>		<u><u>926,682</u></u>

**BISHOP WICKE**  
**BUILDING EQUIPMENT/MACHINERY**  
**09/30/21**  
**ACCT. # 02-15000-370-001 (Machinery & Equipment portion)**

DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/2020		BEGINNING BALANCE	VARIOUS	306,897
		ADDITIONS 2021		-
		<b>GENERAL LEDGER BALANCE 9/30/21</b>		<b>306,897</b>

**BUILDING EQUIPMENT/MACHINERY**  
**MOVEABLE EQUIPMENT**  
**09/30/21**  
**ACCT. # 13001400**

DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/2020		BEGINNING BALANCE	VARIOUS	230,762
		ADDITIONS 2021		-
		<b>GENERAL LEDGER BALANCE 9/30/21</b>		<b>230,762</b>

**BISHOP WICKE**  
**FURNITURE, FIXTURES AND EQUIPMENT**  
**09/30/21**  
**Acct # 02-15000-510-001**

DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/2020		BEGINNING BALANCE		908,524
10/23/2020	Business Card	Food Processor	5	1,064.35
11/24/2020	GARY'S EAST COAST SERVICE Inc.	Double Deck oven	10	10,936.12
2/16/2021	Direct Supply	Refrigerator	5	621.00
7/6/2021	THE WAREHOUSE STORE FIXTURE	Commercial Food blender	5	7,876.00
		ADDITIONS 2021		20,497.47
		<b>GENERAL LEDGER BALANCE 9/30/21</b>		<b>929,021</b>

Beginning Balance	10,027,417
Additions	<u>26,561</u>
Ending Balance	<u>10,053,978</u>
	Per Schedule 10,053,978
Per G/L (Excluding adjustments for Prior Owner)	<u>(5,364,701)</u>
	<u>15,418,679</u>
	Per Schedule (Excluding Land) 9,919,549
	Page 23 <u>9,919,549</u>
	<u>(0)</u>

**BISHOP WICKE HEALTH CARE CENTER  
DEPRECIATION  
FYE SEPTEMBER 30, 2021**

ACCUMULATED EXPENSE		ACC'D DEPRECIATION		ACC'D DEPRECIATION		Fully Depreciated Assets
		30-Sep-20	30-Sep-21	30-Sep-21	Adjusted TB	
02-15500-150-002-15000-150-001	<b>LAND IMPROVEMENTS</b>	272,969	14,481	287,450	287,450	245,173
02-15500-310-002-15000-150-001	<b>BUILDING</b>	1,776,794	-	1,776,794	1,776,794	1,778,576
02-15500-350-002-15000-150-001	<b>BUILDING IMPROVEMENTS</b>	2,924,764	209,407	3,134,171	3,134,171	354,701
02-15500-370-002-15000-150-001	<b>Building Equipment/ Machinery &amp; Equipment</b>	1,293,542	1,580	1,295,122	1,295,122	1,220,286
02-15500-510-002-15000-150-001	<b>Furniture, Fixtures and Equipment</b>	988,459	43,946	1,032,404	1,032,404	771,561
	<b>TOTAL</b>	<u>7,256,527</u>	<u>269,414</u>	<u>7,525,941</u>	<u>7,525,941</u>	<u>4,370,297</u>

	Land Improv Fixed Asset Sch & Prior Owner Adj	Page 23	Variance
LAND IMPROVEMENTS - BB	272,969	272,969	
Current Yr Depr Per Dep Sch*	14,481	14,481	
LAND IMPROVEMENTS - EB	287,450	287,450	-
Total	<u>287,450</u>	<u>287,450</u>	(0)
Total Above	287,450		
Adjusted Trial Balance	<u>287,450</u>		
Variance			<u>-</u>

\*Excluded from CY Depreciation expense per client fixed asset schedule since accumulated depreciation cannot exceed total of Land Improvements.

	Building Fixed Asset Sch & Prior Owner Adj	Page 23	Variance
Building, Building Improvements & Fixed - BB	4,701,558		
FIXED EQUIPMENT	928,085		
Adj. Building Improvements & Fixed - BB	5,629,643	5,629,643	0
Current Yr Depr	210,987	210,987	(0)
Total	<u>5,840,630</u>	<u>5,840,630</u>	(0)
Adjusted Trial Balance	<u>5,840,631</u>		
Variance			(0)

	Movable Equipment Fixed Asset Sch & Prior Owner Adj	Page 23	Variance
Machinery & Equipment, Movable Equip, & FFE - BB	2,282,000		
FIXED EQUIPMENT	(928,085)		
Adj Machinery & Equipment, Movable Equip, & FFE - BB	1,353,916	1,353,915	(1)
Current Yr Depr	43,946	43,945	(1)
Total	<u>1,397,861</u>	<u>1,397,860</u>	(1)
Adjusted Trial Balance	<u>1,397,861</u>		
Variance			0

**BISHOP WICKE**  
**FIXED ASSET ROLLFORWARD**  
**9/30/2021**

<b>Cost</b>	<b>SAGE Acct</b>	<b>Beginning 9/30/2021</b>	<b>Additions</b>	<b>Disposals</b>	<b>Ending 9/30/2021</b>
Land	02-15000-110-001	24,213.49	-	-	24,213.49
Land Improvements	02-15000-150-001	389,985.00	-	-	389,985.00
Buildings	02-15000-310-001	1,778,576.13	-	-	1,778,576.13
Building Improvements	02-15000-350-001	5,461,777.98	6,063.26	-	5,467,841.24
Building Equipment/ Machinery & Equipment	02-15000-370-001	1,233,578.93	-	-	1,233,578.93
Furniture, Fixtures and Equipment	02-15000-510-001	1,139,286.45	20,497.47	-	1,159,783.92
CPI	02-15000-910-001	-	16,772.00	-	16,772.00
<b>Total</b>		<b>\$ 10,027,418</b>	<b>\$ 43,333</b>	<b>\$ -</b>	<b>\$ 10,070,751</b>

<b>Accumulated Depreciation</b>					
Land Improvements	02-15500-150-001	(271,016.65)	(14,481.20)	-	(285,497.85)
Buildings	02-15500-310-001	(1,778,576.13)	-	-	(1,778,576.13)
Building Improvements	02-15500-350-001	(2,990,047.19)	(209,406.99)	-	(3,199,454.18)
Building Equipment/ Machinery & Equipment	02-15500-370-001	(1,229,040.11)	(1,580.41)	-	(1,230,620.52)
Furniture, Fixtures and Equipment	02-15500-510-001	(988,604.56)	(43,945.60)	-	(1,032,550.16)
<b>Total</b>		<b>\$ (7,257,285)</b>	<b>\$ (269,414)</b>	<b>\$ -</b>	<b>\$ (7,526,699)</b>

<b>Book Value</b>					
Land		24,213.49	-	-	24,213.49
Land Improvements		118,968.35	(14,481.20)	-	104,487.15
Buildings		-	-	-	-
Building Improvements		2,471,730.79	(203,343.73)	-	2,268,387.06
Building Equipment		4,538.82	(1,580.41)	-	2,958.42
Furniture, Fixtures and Equipment		150,681.89	(23,448.13)	-	127,233.76
<b>Total</b>		<b>\$ 2,770,133</b>	<b>\$ (242,853)</b>	<b>\$ -</b>	<b>\$ 2,527,280</b>

**BISHOP WICKE  
FIXED ASSETS**

**LAND - Account No. 02-15000-110-001**

<b>ACQ DATE</b>	<b>VENDOR</b>	<b>ASSET DESCRIPTION</b>	<b>LIFE</b>	<b>COST</b>
10/1/2014	BEGINNING BALANCE	LAND		24,213.49
<b>BALANCE</b>				<b>24,213.49</b>

BISHOP WICKE  
FIXED ASSETS

LAND IMPROVEMENTS - Account No. 02-15000-150-001

ACQ DATE	ASSET DESCRIPTION	LIFE	COST	DEPRECIATION ANNUAL AMT	2020			2021			Fully Depr
					DEPR. EXP.	ACCUM DEPR.	NET BOOK VALUE	DEPR. EXP.	ACCUM DEPR.	NET BOOK VALUE	
					02-93010-150-930	02-15000-150-001		02-93010-150-930	02-15000-150-001		
	BAL FORWARD PER PEACHTREE ADDITION-	<i>see py wp's</i>	\$217,979.62	-	-	(217,979.62)	-	-	(217,979.62)	-	217,979.62
5/24/2002	MARCUCCIO GARDENS	<i>see py wp's</i>	\$9,910.60	991.06	-	(9,910.60)	-	-	(9,910.60)	-	9,910.60
8/10/2005	DESIGNING NATURE	<i>see py wp's</i>	\$5,690.00	569.00	-	(5,690.00)	-	-	(5,690.00)	-	5,690.00
9/3/2006	PAVEMENT MAINTENANCE	<i>see py wp's</i>	\$648.00	64.80	-	(648.00)	-	-	(648.00)	-	648.00
6/1/2006	STONE DUST/WASHED SAND	<i>see py wp's</i>	\$786.60	78.66	-	(786.60)	-	-	(786.60)	-	786.60
1/27/2011	JOHN J BRENNAN CONSTRUCTION	<i>see py wp's</i>	\$870.00	108.75	-	(870.00)	-	-	(870.00)	-	870.00
8/2/2011	WHITE HILLS TREE REMOVAL	<i>see py wp's</i>	\$650.00	130.00	-	(650.00)	-	-	(650.00)	-	650.00
5/25/2011	EAGLE FENCE	<i>see py wp's</i>	\$4,850.00	970.00	-	(4,850.00)	-	-	(4,850.00)	-	4,850.00
6/18/2011	NORTHERN TOOL & EQUIPMENT	<i>see py wp's</i>	\$935.18	187.04	-	(935.18)	-	-	(935.18)	-	935.18
8/8/2011	YELLOW DAWG STRIPING	<i>see py wp's</i>	\$678.00	339.00	-	(678.00)	-	-	(678.00)	-	678.00
4/3/2012	P&S PAVING	<i>see py wp's</i>	\$2175.00	271.88	158.51	(2,175.00)	-	-	(2,175.00)	-	2,175.00
	<b>2017 Additions</b>										
	<b>2018 Additions</b>										
9/30/2018	Pavement		20,237.00	2,023.70	2,023.70	(4,047.40)	16,189.60	2,023.70	(6,071.10)	14,165.90	-
	<b>2019 Additions</b>										
7/23/2019	Discount Fence of CT		6,950.00	695.00	695.00	(810.83)	6,139.17	695.00	(1,505.83)	5,444.17	-
9/5/2019	Discount Fence of CT		6,950.00	695.00	695.00	(695.00)	6,255.00	695.00	(1,390.00)	5,560.00	-
11/30/2018	<i>WH Project Cost allocation/pavement &amp; Others</i>		110,675.00	11,067.50	11,067.50	(20,290.42)	90,384.58	11,067.50	(31,357.92)	79,317.08	-
<b>BALANCE</b>			<b>\$389,985.00</b>	<b>2,150.13</b>	<b>14,639.71</b>	<b>(271,016.65)</b>	<b>118,968.35</b>	<b>14,481.20</b>	<b>(285,497.85)</b>	<b>104,487.15</b>	<b>245,173.00</b>

BISHOP WICKE  
FIXED ASSETS

BUILDINGS - Account No. 02-15000-310-001

ACQ DATE	ASSET DESCRIPTION	LIFE	COST	DEPRECIATION ANNUAL AMT	2020			2021			Fully Depr
					DEPR. EXP. 02-93010-150-930	ACCUM DEPR. 02-15000-310-001	NET BOOK VALUE	DEPR. EXP. 02-93010-150-931	ACCUM DEPR. 02-15000-310-002	NET BOOK VALUE	
10/10/2000	BUILDING	Various	\$1,778,576.13	7,137.00	-	(1,778,576.13)	-	-	(1,778,576.13)	-	
<b>BALANCE</b>			<b>\$1,778,576.13</b>	<b>7,137.00</b>	-	<b>(1,778,576.13)</b>	-	-	<b>(1,778,576.13)</b>	-	<b>1,778,576.13</b>



BISHOP WICKE  
 FIXED ASSETS  
 Building Equipment - GL 02-15000-370-001

Fixed Equipment Subschedule  
 Other is Machinery & Equipment Subschedule

ACQ DATE	VENDOR	ASSET DESCRIPTION	LIFE	COST	DEPRECIATION ANNUAL AMT	2020			2021			Fully Depr	
						DEPR. EXP.	ACCUM DEPR.	NET BOOK VALUE	DEPR. EXP.	ACCUM DEPR.	NET BOOK VALUE		
						02-93010-150-930	02-15000-370-001		02-93010-150-930	02-15000-370-001			
10/10/2000	BAL FORWARD PER PEACHTREE		Various	1,192,718.26	-	-	(1,192,718.26)	-	-	(1,192,718.26)	-	1,192,718.26	
10/31/2000	DIRECT SUPPLY		10	1,260.89	126.09	-	(1,260.89)	-	-	(1,260.89)	-	1,260.89	
10/31/2000	TOTAL COMMUNICATIONS		10	\$ 2,584.97	258.50	-	(2,584.97)	-	-	(2,584.97)	-	2,584.97	
1/31/2001	SIMPLEX TIME RECORDER		10	556.00	55.60	-	(556.00)	-	-	(556.00)	-	556.00	
1/31/2001	GEORGE ELLIS COMPANY INC.		10	589.04	58.90	-	(589.04)	-	-	(589.04)	-	589.04	
3/31/2001	BEST RESTAURANT EQUIP		10	1,295.00	129.50	-	(1,295.00)	-	-	(1,295.00)	-	1,295.00	
5/31/2001	EAST PAPER OF NEW ENG		10	2,685.75	268.58	-	(2,685.76)	-	-	(2,685.76)	-	2,685.76	
10/1/2001	RAINTECH SOUND & COMM		10	\$ 1,536.31	153.63	-	(1,536.31)	-	-	(1,536.31)	-	1,536.31	
1/13/2002	BENMAN INDUSTRIES		10	2,205.00	220.50	-	(2,205.00)	-	-	(2,205.00)	-	2,205.00	
11/22/2002	BEST RESTURANT		10	816.38	81.64	-	(816.38)	-	-	(816.38)	-	816.38	
4/21/2004	BEST RESTURANT		10	861.85	86.19	-	(861.85)	-	-	(861.85)	-	861.85	
5/13/2004	HOME DEPOT		5	600.00	120.00	-	(600.00)	-	-	(600.00)	-	600.00	
6/29/2004	RALPH MANN & SONS		10	1,622.09	162.21	-	(1,622.09)	-	-	(1,622.09)	-	1,622.09	
7/18/2005	COMMERCIAL APPL		10	700.00	70.00	-	(700.00)	-	-	(700.00)	-	700.00	
8/26/2005	LAB SAFETY SUPPLY		10	771.43	77.14	-	(771.43)	-	-	(771.43)	-	771.43	
9/20/2005	LAB SAFETY SUPPLY		10	771.43	77.14	-	(771.43)	-	-	(771.43)	-	771.43	
1/30/2006	SARACCO, INC		12	675.00	56.25	-	(675.00)	-	-	(675.00)	-	675.00	
8/29/2006	DIVERSIFIED SALES CO		10	2,895.00	289.50	-	(2,895.00)	-	-	(2,895.00)	-	2,895.00	
10/29/2006	SUNRISE MEDICAL		10	1,543.50	154.35	-	(1,543.50)	-	-	(1,543.50)	-	1,543.50	
11/8/2007	CHATFIELD POWER EQUIP		10	1,199.99	120.00	-	(1,199.99)	-	-	(1,199.99)	-	1,199.99	
12/19/2007	GEORGE ELLIS		10	3,790.00	379.00	-	(3,790.00)	-	-	(3,790.00)	-	3,790.00	
3/13/2009	BEST RESTURANT		5	764.08	152.82	-	(764.08)	-	-	(764.08)	-	764.08	
9/4/2010	STAPLES BUSINESS ADV		5	529.56	105.91	-	(529.56)	-	-	(529.56)	-	529.56	
4/5/2012	RAY GOOLEY & SON, INC.		15	\$ 1,265.00	84.33	84.33	(709.78)	555.22	84.33	(794.11)	470.89	-	
	<b>2016 Additions</b>												
03/14/16	WAREHOUSE STORE FIXTURE	Food Slicer	10	3,724.00	372.40	372.40	(1,706.83)	2,017.17	372.40	(2,079.23)	1,644.77	-	
	<b>2017 Additions</b>												
6/8/2017	LeClaire Heating & Air, LLC		5	5,618.40	1,123.68	1,123.68	(3,651.96)	1,966.44	1,123.68	(4,775.64)	842.76	-	
	<b>2018 Additions</b>												
	<b>2019 Additions</b>												
<b>BALANCE</b>				<b>1,233,578.93</b>	<b>4,783.86</b>		<b>1,580.41</b>	<b>(1,229,040.11)</b>	<b>4,538.83</b>	<b>1,580.41</b>	<b>(1,230,620.52)</b>	<b>2,958.42</b>	<b>1,222,971.54</b>
Per Roll-forward				-			02-15000-370-001		#VALUE!	(1,580.41)	(1,580.41)		
Machinery & Equipment subschedule				306,896.74						372.40	(305,251.98)	1,644.76	300,486.99
FFE Subschedule				926,682.19						1,208.01	(925,368.54)	1,313.65	919,798.79
				<u>1,233,578.93</u>						<u>1,580.41</u>	<u>(1,230,620.52)</u>	<u>2,958.41</u>	<u>1,220,285.78</u>

**BISHOP WICKE**  
**FIXED ASSETS**  
**Building Equipment - GL 02-15000-370-001**

Building Equipment Subschedule- Machinery & Equipment

ACQ DATE	VENDOR	ASSET DESCRIPTION	LIFE	COST	DEPRECIATION ANNUAL AMT	2020			2021			Fully Depr
						DEPR. EXP.	ACCUM DEPR.	NET BOOK VALUE	DEPR. EXP.	ACCUM DEPR.	NET BOOK VALUE	
						02-93010-15	02-15000-370-001		02-93010-150-930	02-15000-370-001		
10/10/2000	BAL FORWARD PER PEACHTREE		Various	277,040.75	-	-	(277,040.75)	-	-	(277,040.75)	-	277,040.75
10/31/2000	DIRECT SUPPLY		10	1,260.89	126.09	-	(1,260.89)	-	-	(1,260.89)	-	1,260.89
1/31/2001	SIMPLEX TIME RECORDER		10	556.00	55.60	-	(556.00)	-	-	(556.00)	-	556.00
1/31/2001	GEORGE ELLIS COMPANY INC.		10	589.04	58.90	-	(589.04)	-	-	(589.04)	-	589.04
3/31/2001	BEST RESTAURANT EQUIP		10	1,295.00	129.50	-	(1,295.00)	-	-	(1,295.00)	-	1,295.00
5/31/2001	EAST PAPER OF NEW ENG		10	2,685.75	268.58	-	(2,685.76)	(0.01)	-	(2,685.76)	(0.01)	-
1/13/2002	BENMAN INDUSTRIES		10	2,205.00	220.50	-	(2,205.00)	-	-	(2,205.00)	-	2,205.00
11/22/2002	BEST RESTURANT		10	816.38	81.64	-	(816.38)	-	-	(816.38)	-	816.38
4/21/2004	BEST RESTURANT		10	861.85	86.19	-	(861.85)	-	-	(861.85)	-	861.85
5/13/2004	HOME DEPOT		5	600.00	120.00	-	(600.00)	-	-	(600.00)	-	600.00
6/29/2004	RALPH MANN & SONS		10	1,622.09	162.21	-	(1,622.09)	-	-	(1,622.09)	-	1,622.09
7/18/2005	COMMERCIAL APPL		10	700.00	70.00	-	(700.00)	-	-	(700.00)	-	700.00
8/26/2005	LAB SAFETY SUPPLY		10	771.43	77.14	-	(771.43)	-	-	(771.43)	-	771.43
9/20/2005	LAB SAFETY SUPPLY		10	771.43	77.14	-	(771.43)	-	-	(771.43)	-	771.43
1/30/2006	SARACCO, INC		12	675.00	56.25	-	(675.00)	-	-	(675.00)	-	675.00
8/29/2006	DIVERSIFIED SALES CO		10	2,895.00	289.50	-	(2,895.00)	-	-	(2,895.00)	-	2,895.00
10/29/2006	SUNRISE MEDICAL		10	1,543.50	154.35	-	(1,543.50)	-	-	(1,543.50)	-	1,543.50
11/8/2007	CHATFIELD POWER EQUIP		10	1,199.99	120.00	-	(1,199.99)	-	-	(1,199.99)	-	1,199.99
12/19/2007	GEORGE ELLIS		10	3,790.00	379.00	-	(3,790.00)	-	-	(3,790.00)	-	3,790.00
3/13/2009	BEST RESTURANT		5	764.08	152.82	-	(764.08)	-	-	(764.08)	-	764.08
9/4/2010	STAPLES BUSINESS ADV		5	529.56	105.91	-	(529.56)	-	-	(529.56)	-	529.56
03/14/16	WAREHOUSE STORE FIXTURE	Food Slicer	10	3,724.00	372.40	372.40	(1,706.83)	2,017.17	372.40	(2,079.23)	1,644.77	-
<b>BALANCE</b>				<b>306,896.74</b>	<b>3,163.72</b>	<b>372.40</b>	<b>(304,879.58)</b>	<b>2,017.16</b>	<b>372.40</b>	<b>(305,251.98)</b>	<b>1,644.76</b>	<b>300,486.99</b>

BISHOP WICKE  
 FIXED ASSETS  
 Building Equipment - GL 02-15000-370-001

Building Equipment Subschedule- Fixed Equipment

ACQ DATE	VENDOR	ASSET DESCRIPTION	LIFE	COST	DEPRECIATION ANNUAL AMT	2020			2021			Fully Depr
						DEPR. EXP. 02-93010-150-930	ACCUM DEPR. 02-15000-370-001	NET BOOK VALUE	DEPR. EXP. 02-93010-150-930	ACCUM DEPR. 02-15000-370-001	NET BOOK VALUE	
10/10/2000	BAL FORWARD PER PEACHTREE		Various	915,677.51	-	-	(915,677.51)	-	-	(915,677.51)	-	915,677.51
10/31/2000	TOTAL COMMUNICATIONS		10	\$ 2,584.97	258.50	-	(2,584.97)	-	-	(2,584.97)	-	2,584.97
10/1/2001	RAINTECH SOUND & COMM		10	\$ 1,536.31	153.63	-	(1,536.31)	-	-	(1,536.31)	-	1,536.31
4/5/2012	RAY GOOLEY & SON, INC.		15	\$ 1,265.00	84.33	84.33	(709.78)	555.22	84.33	(794.11)	470.89	-
6/8/2017	LeClaire Heating & Air, LLC	Replace booster pump	5	5,618.40	1,123.68	1,123.68	(3,651.96)	1,966.44	1,123.68	(4,775.64)	842.76	-
										0	0	
<b>BALANCE</b>				<b>926,682.19</b>	<b>1,620.14</b>	<b>1,208.01</b>	<b>(924,160.53)</b>	<b>2,521.66</b>	<b>1,208.01</b>	<b>(925,368.54)</b>	<b>1,313.65</b>	<b>919,798.79</b>



BISHOP WICK  
 FIXED ASSETS-Movable Equipment  
 Furniture, Fixtures and Equipment - Account No. 02-15000-510-001 (Portion that relates to Movable Equipment classification on 2018 Cost Report)

ACQ DATE	VENDOR	ASSET DESCRIPTION	LIFE	COST	DEPRECIATION ANNUAL AMT	2020			2021			Fully Depr	
						DEPR. EXP. 02-93010-150-	ACCUM DEPR. 02-15000-510-001	NET BOOK VALUE	DEPR. EXP. 02-93010-150-90	ACCUM DEPR. 02-15000-510-001	NET BOOK VALUE		
	BAL FORWARD PER PEACHTREE		Various	11,844.33	-	-	-	-	-	-	-	11,844.33	
12/31/2000	ADVANCED AIR PURIFICATION		10	615.00	61.50	-	-	(615.00)	-	-	(615.00)	615.00	
1/31/2001	ADVANCED AIR PURIFICATION		10	615.00	61.50	-	-	(615.00)	-	-	(615.00)	615.00	
3/13/2002	ARJO, INC.		10	3,230.00	323.00	-	-	(3,230.00)	-	-	(3,230.00)	3,230.00	
6/4/2003	W.B. MASON		5	650.00	130.00	-	-	(650.00)	-	-	(650.00)	650.00	
6/20/2003	ARJO, INC.		10	3,420.00	342.00	-	-	(3,420.00)	-	-	(3,420.00)	3,420.00	
11/3/2003	MAYTAG WASHER		8	499.00	62.38	-	-	(499.00)	-	-	(499.00)	499.00	
12/17/2003	DIRECT SUPPLY EQUIPMENT		5	654.44	130.89	-	-	(654.44)	-	-	(654.44)	654.44	
12/18/2003	DIRECT SUPPLY EQUIPMENT		5	541.52	108.30	-	-	(541.52)	-	-	(541.52)	541.52	
1/26/2004	TECHNICAL GAS EQUIPMENT		10	2,999.00	299.90	-	-	(2,999.00)	-	-	(2,999.00)	2,999.00	
2/26/2004	DALE TECHNOLOGY		5	715.00	143.00	-	-	(715.00)	-	-	(715.00)	715.00	
8/16/2004	DIRECT SUPPLY EQUIPMENT		10	597.61	59.76	-	-	(597.61)	-	-	(597.61)	597.61	
9/2/2004	WOOD CLASSICS		15	960.78	64.05	-	-	(960.78)	-	-	(960.78)	960.78	
11/4/2004	BEST RESTAURANT		10	2,020.22	202.02	-	-	(2,020.22)	-	-	(2,020.22)	2,020.22	
3/9/2005	BEST RESTAURANT		10	550.00	55.00	-	-	(550.00)	-	-	(550.00)	550.00	
3/14/2005	WB MASON		10	1,199.00	119.90	-	-	(1,199.00)	-	-	(1,199.00)	1,199.00	
4/13/2005	SPORTS MEDICINE TECH		15	5,295.00	353.00	205.92	-	(5,295.00)	-	-	(5,295.00)	5,295.00	
5/12/2005	ARJO, INC.		10	3,363.64	336.36	-	-	(3,363.64)	-	-	(3,363.64)	3,363.64	
5/16/2005	DIRECT SUPPLY EQUIPMENT		12	848.97	70.75	-	-	(848.97)	-	-	(848.97)	848.97	
7/6/2005	SUNRISSE MEDICAL		10	924.00	92.40	-	-	(924.00)	-	-	(924.00)	924.00	
7/11/2005	SUNRISSE MEDICAL		10	2,541.00	254.10	-	-	(2,541.00)	-	-	(2,541.00)	2,541.00	
8/29/2005	WESTMINSTER TEAK		15	3,050.00	203.33	169.46	-	(3,050.00)	-	-	(3,050.00)	3,050.00	
10/7/2005	ARJO, INC.		10	2,962.40	296.24	-	-	(2,962.40)	-	-	(2,962.40)	2,962.40	
12/20/2005	LAB SAFETY SUPPLY, INC.		5	1,571.08	314.22	-	-	(1,571.08)	-	-	(1,571.08)	1,571.08	
2/14/2006	BEST RESTAURANT		10	3,518.74	351.87	-	-	(3,518.74)	-	-	(3,518.74)	3,518.74	
5/27/2006	BEST RESTAURANT		10	8,875.00	887.50	-	-	(8,875.00)	-	-	(8,875.00)	8,875.00	
9/20/2006	DIRECT SUPPLY EQUIPMENT		10	747.17	74.72	-	-	(747.17)	-	-	(747.17)	747.17	
9/29/2006	DIRECT SUPPLY EQUIPMENT		10	1,428.82	142.88	-	-	(1,428.82)	-	-	(1,428.82)	1,428.82	
10/6/2006	BEST RESTAURANT		10	527.00	52.70	-	-	(527.00)	-	-	(527.00)	527.00	
10/19/2006	DIRECT SUPPLY EQUIPMENT		10	1,171.44	117.14	-	-	(1,171.44)	-	-	(1,171.44)	1,171.44	
10/20/2006	DIRECT SUPPLY EQUIPMENT		10	4,131.88	413.19	-	-	(4,131.88)	-	-	(4,131.88)	4,131.88	
11/13/2006	DIRECT SUPPLY EQUIPMENT		10	1,595.29	159.53	-	-	(1,595.29)	-	-	(1,595.29)	1,595.29	
12/18/2006	DIRECT SUPPLY EQUIPMENT		10	(703.45)	(70.35)	-	-	703.45	-	-	703.45	(703.45)	
1/17/2007	BEST RESTAURANT		10	9,475.00	947.50	-	-	(9,475.00)	-	-	(9,475.00)	9,475.00	
2/28/2007	BEST RESTAURANT		15	1,177.33	78.49	78.49	-	(1,177.33)	111.18	-	78.49	32.69	
3/13/2007	DIRECT SUPPLY EQUIPMENT		10	4,494.20	449.42	-	-	(4,494.20)	-	-	(4,494.20)	4,494.20	
3/28/2007	INTELLICOST		10	2,988.00	298.80	-	-	(2,988.00)	-	-	(2,988.00)	2,988.00	
4/20/2007	BEST RESTAURANT		15	5,289.64	349.31	349.31	-	(5,289.64)	529.96	-	349.31	174.65	
12/13/2007	BANNER LAWN & FOREST EQUIPMENT		10	333.00	33.30	-	-	(333.00)	-	-	(333.00)	333.00	
12/20/2007	CALVERT SAFE		10	1,058.00	105.80	-	-	(1,058.00)	-	-	(1,058.00)	1,058.00	
1/11/2008	BEST RESTAURANT		10	2,173.65	217.37	-	-	(2,173.65)	-	-	(2,173.65)	2,173.65	
3/14/2008	BEST RESTAURANT		10	3,161.30	316.13	-	-	(3,161.30)	-	-	(3,161.30)	3,161.30	
7/29/2008	NORTHERN TOOL & EQUIPMENT		10	1,485.40	148.54	-	-	(1,485.40)	-	-	(1,485.40)	1,485.40	
8/22/2008	BEST RESTAURANT		10	3,429.76	342.98	-	-	(3,429.76)	-	-	(3,429.76)	3,429.76	
12/18/2008	TIGER DIRECT		5	449.99	90.00	-	-	(449.99)	-	-	(449.99)	449.99	
2/5/2009	BEST RESTAURANT		10	3,549.96	355.00	-	-	(3,549.96)	-	-	(3,549.96)	3,549.96	
2/13/2009	ARJO, INC.		10	1,809.77	180.98	-	-	(1,809.77)	-	-	(1,809.77)	1,809.77	
5/27/2009	BEST RESTAURANT		5	1,067.20	213.44	-	-	(1,067.20)	-	-	(1,067.20)	1,067.20	
7/15/2009	HOME DEPOT		10	871.61	87.16	-	-	(871.61)	-	-	(871.61)	871.61	
7/29/2009	GEORGE ELLIS CO		12	2,510.00	209.17	209.17	-	(2,510.00)	174.29	-	209.17	2510.00	
8/10/2009	DIRECT SUPPLY EQUIPMENT		10	1,552.08	155.21	-	-	(1,552.08)	-	-	(1,552.08)	1,552.08	
8/20/2009	COMMERCIAL KITCHEN		10	858.00	85.80	-	-	(858.00)	-	-	(858.00)	858.00	
10/26/2009	DIRECT SUPPLY EQUIPMENT		5	2,017.99	403.60	-	-	(2,017.99)	-	-	(2,017.99)	2,017.99	
4/12/2010	BEST RESTAURANT		5	1,643.93	328.79	-	-	(1,643.93)	-	-	(1,643.93)	1,643.93	
4/28/2010	BEST RESTAURANT EQUIPMENT		10	3,672.43	367.24	214.50	-	(3,672.43)	-	-	(3,672.43)	3,672.43	
4/30/2010	BEST RESTAURANT EQUIPMENT		5	3,750.00	750.00	-	-	(3,750.00)	-	-	(3,750.00)	3,750.00	
6/17/2010	IBM TOTAL OFFICE		5	2,630.00	526.00	-	-	(2,630.00)	-	-	(2,630.00)	2,630.00	
8/12/2010	BEST RESTAURANT EQUIPMENT		5	1,488.50	297.70	-	-	(1,488.50)	-	-	(1,488.50)	1,488.50	
11/8/2010	BEST RESTAURANT EQUIPMENT		10	2,880.00	288.00	288.00	-	(2,832.00)	48.00	-	48.00	2,880.00	
12/8/2010	GEORGE ELLIS		10	705.00	70.50	70.50	-	(687.38)	17.62	-	17.62	705.00	
12/12/2010	IBM TOTAL OFFICE		10	4,200.00	420.00	420.00	-	(4,095.00)	105.00	-	105.00	4,200.00	
12/23/2011	BUSINESS CARD		10	1,875.97	187.60	187.60	-	(1,782.19)	93.78	-	93.78	1,875.97	
4/11/2011	WAREHOUSE FIXTURE		10	500.00	50.00	50.00	-	(470.83)	29.17	-	29.17	500.00	
9/14/2011	ART TELEVISION & APPL		10	619.00	61.90	61.90	-	(562.26)	56.74	-	56.74	619.00	
9/26/2011	MCKESSON MEDICAL		10	863.56	86.36	86.36	-	(777.23)	86.33	-	86.33	863.56	
10/6/2011	MCKESSON MED-SURGICAL		12	2,174.16	181.18	181.18	-	(1,630.62)	543.54	-	181.18	(1,811.80)	362.36
1/4/2012	MCKESSON MED-SURGICAL		12	(863.56)	(71.96)	(71.96)	-	629.66	(233.90)	-	(71.96)	(161.94)	
3/13/2012	MCKESSON MED-SURGICAL		12	1,939.80	161.65	161.65	-	(1,374.03)	565.77	-	161.65	(1,535.68)	404.12
5/1/2012	THE BUSINESS NETWORK		5	2,753.74	550.75	-	-	(2,753.74)	-	-	(2,753.74)	2,753.74	
5/3/2012	NETMAGE		5	1,640.31	328.06	-	-	(1,640.31)	-	-	(1,640.31)	1,640.31	
7/1/2012	AT&T LEASE		7	40,638.13	5,805.45	-	-	(40,638.13)	-	-	(40,638.13)	40,638.13	
7/23/2012	BUSINESS CARD		10	1,181.98	118.20	118.20	-	(965.30)	216.68	-	118.20	(1,083.50)	98.48
8/16/2012	HO FACILITIES		5	527.00	105.40	-	-	(527.00)	-	-	(527.00)	527.00	
9/11/2012	FIRE PROTECTION TESTING		10	775.00	77.50	77.50	-	(626.46)	148.54	-	77.50	(703.96)	71.04
9/24/2012	MCKESSON MED-SURGICAL		12	2,192.80	182.73	182.73	-	(1,477.07)	715.73	-	182.73	(1,659.80)	533.00
9/30/2012	audit Journl AT&T Lease		7	(2,588.00)	(362.57)	-	-	2,588.00	-	-	2,588.00	-	(2,588.00)
6/12/2013	UNIVERSAL BUSINESS EQUIP		15	889.85	25.99	25.99	-	(863.86)	199.26	-	25.99	(151.58)	173.27
7/2/2013	FRANKLIN MILLS CO		20	3,102.00	155.10	155.10	-	(1,111.55)	1,990.45	-	155.10	(1,266.65)	1,835.35
7/12/2013	HO FACILITIES MAINT		5	534.00	106.80	-	-	(534.00)	-	-	(534.00)	534.00	
7/23/2013	UNIVERSAL BUSINESS EQUIP		15	909.65	60.64	60.64	-	(434.59)	475.06	-	60.64	(495.23)	414.42
9/11/2013	BRINNEYS & SON		10	1,350.00	135.00	135.00	-	(821.25)	528.75	-	135.00	(686.25)	393.75
9/3/2013	WAREHOUSE STORE FIXTURE		10	1,095.00	109.50	109.50	-	(775.63)	319.37	-	109.50	(885.13)	209.87
11/1/2013	MCKESSON MEDICAL		12	14,890.50	1,240.88	1,240.88	-	(8,582.75)	6,307.75	-	1,240.88	(9,823.63)	5,066.87
12/16/2013	INDUSTRIAL BUILDINGS		15	2,200.00	146.67	146.67	-	(990.02)	1,209.98	-	146.67	(1,336.69)	1,063.31
1/21/2014	THE WAREHOUSE STORE FIXTURE		10	4,575.20	457.52	457.52	-	(3,098.26)	1,486.94	-	457.52	(3,545.78)	1,029.42
2/12/2014	THE WAREHOUSE STORE FIXTURE		10	1,062.00	106.20	106.20	-	(699.15)	362.85	-			

BISHOP WICKE  
 FIXED ASSETS  
 Furniture, Fixtures and Equipment - Account No. 02-15000-510-001 (Portion that relates to Furniture & Office Equipment classification on 2018 Cost Report)

ACQ DATE	VENDOR	ASSET DESCRIPTION	LIFE	COST	DEPRECIATION ANNUAL AMT	2020			2021			Fully Depr
						DEPR. EXP. 02-93010-150-01	ACCUM DEPR. 02-15000-510-001	NET BOOK VALUE	DEPR. EXP. 02-93010-150-930	ACCUM DEPR. 02-15000-510-001	NET BOOK VALUE	
	BAL FORWARD PER PEACHTREE		Various	374,836.90	-	-	(374,836.90)	-	-	(374,836.90)	-	374,836.90
11/30/2000	DIRECT SUPPLY		10	\$ 2,999.94	299.99	-	(2,999.94)	-	-	(2,999.94)	-	2,999.94
12/31/2000	STAPLES CREDIT CARD PLAN		5	\$ 1,162.02	232.40	-	(1,162.02)	-	-	(1,162.02)	-	1,162.02
12/31/2000	UNIVERSAL BUSINESS EQUIP		10	\$ 3,313.00	331.30	-	(3,313.00)	-	-	(3,313.00)	-	3,313.00
4/30/2001	DIRECT SUPPLY		10	\$ 2,723.63	272.36	-	(2,723.63)	-	-	(2,723.63)	-	2,723.63
4/30/2001	DIRECT SUPPLY		10	\$ 1,314.06	131.41	-	(1,314.06)	-	-	(1,314.06)	-	1,314.06
4/30/2001	WALMART CREDIT CARD		10	\$ 419.88	41.99	-	(419.88)	-	-	(419.88)	-	419.88
5/31/2001	STAPLES CREDIT CARD PLAN		5	\$ 1,102.88	220.58	-	(1,102.88)	-	-	(1,102.88)	-	1,102.88
7/31/2001	LADD CONTRACT SALES CORP.		10	\$ 3,113.00	311.30	-	(3,113.00)	-	-	(3,113.00)	-	3,113.00
7/31/2001	LADD CONTRACT SALES CORP.		10	\$ 2,587.20	258.72	-	(2,587.20)	-	-	(2,587.20)	-	2,587.20
9/30/2001	LADD CONTRACT SALES CORP.		10	\$ 7,316.15	731.62	-	(7,316.15)	-	-	(7,316.15)	-	7,316.15
10/2/2001	DRAPERIES, INC.		5	\$ 34,190.00	6,838.00	-	(34,190.00)	-	-	(34,190.00)	-	34,190.00
10/16/2001	AMERICAN OF MARTINSVILLE		10	\$ 5,931.28	593.13	-	(5,931.28)	-	-	(5,931.28)	-	5,931.28
11/16/2001	AMERICAN OF MARTINSVILLE		10	\$ 11,055.96	1,105.60	-	(11,055.96)	-	-	(11,055.96)	-	11,055.96
11/18/2001	AMERICAN OF MARTINSVILLE		10	\$ 2,503.16	250.32	-	(2,503.16)	-	-	(2,503.16)	-	2,503.16
12/1/2001	AMERICAN OF MARTINSVILLE		10	\$ 847.00	84.70	-	(847.00)	-	-	(847.00)	-	847.00
12/1/2001	UNIVERSAL BUSINESS EQUIP.		15	\$ 650.00	43.33	-	(650.00)	-	-	(650.00)	-	650.00
3/7/2002	SUSAN DANIELS ASSOCIATES		10	\$ 442.50	44.25	-	(442.50)	-	-	(442.50)	-	442.50
5/17/2002	AMERICAN OF MARTINSVILLE		10	\$ 2,891.70	289.17	-	(2,891.70)	-	-	(2,891.70)	-	2,891.70
6/12/2002	AMERICAN OF MARTINSVILLE		10	\$ 4,384.60	438.46	-	(4,384.60)	-	-	(4,384.60)	-	4,384.60
6/18/2002	INVACARE CONTINUING CARE		10	\$ 45,120.99	4,512.10	-	(45,120.99)	-	-	(45,120.99)	-	45,120.99
8/28/2002	INVACARE CONTINUING CARE		10	\$ 63,459.51	6,345.95	-	(63,459.51)	-	-	(63,459.51)	-	63,459.51
5/5/2003	SUSAN DANIELS ASSOCIATES		10	\$ 717.50	71.75	-	(717.50)	-	-	(717.50)	-	717.50
5/23/2003	INVACARE - CASH RECEIPTS		10	\$ (3,558.80)	(355.88)	-	3,558.80	-	-	3,558.80	-	(3,558.80)
7/10/2003	DRAPERIES INC.		5	\$ 6,138.00	1,227.60	-	(6,138.00)	-	-	(6,138.00)	-	6,138.00
11/7/2005	CDW DIRECT		5	\$ 649.99	130.00	-	(649.99)	-	-	(649.99)	-	649.99
1/11/2006	DURACASE LLC/KWALU		5	\$ 431.80	86.36	-	(431.80)	-	-	(431.80)	-	431.80
2/28/2007	TIGER DIRECT		3	\$ 521.60	173.87	-	(521.60)	-	-	(521.60)	-	521.60
8/15/2007	CDW DIRECT		5	\$ 588.46	117.69	-	(588.46)	-	-	(588.46)	-	588.46
9/27/2007	DIRECT SUPPLY		5	\$ 550.38	110.08	-	(550.38)	-	-	(550.38)	-	550.38
9/30/2008	BEST RESTAURANT		15	\$ 6,669.00	444.60	444.60	(5,372.25)	1,296.75	444.60	(5,816.85)	852.15	-
12/23/2008	BEST RESTAURANT		15	\$ 8,535.48	569.03	569.03	(6,686.11)	1,849.37	569.03	(7,255.14)	1,280.34	-
11/14/2011	TINA MILLER		15	\$ 576.81	38.45	38.45	(445.40)	131.41	38.45	(483.85)	92.96	-
2/23/2012	BUSINESS CARD		15	\$ 444.99	29.67	29.67	(254.66)	190.33	29.67	(284.33)	160.66	-
9/20/2013	MCKESSON MEDICAL		5	\$ 7,976.11	1,595.22	-	(7,976.11)	-	-	(7,976.11)	-	7,976.11
11/1/2013	CE FLOYD		10	\$ 206,400.00	20,640.00	20,640.00	(141,040.00)	65,360.00	20,640.00	(161,680.00)	44,720.00	-
11/26/2013	BOSTON ART		10	\$ 7,285.00	728.50	728.50	(4,856.66)	2,428.34	728.50	(5,585.16)	1,699.84	-
12/08/15	DIRECT SUPPLY EQUIPMENT	Electric Bed	10	\$ 1,700.00	170.00	170.00	(821.67)	878.33	170.00	(991.67)	708.33	-
12/14/2015	MCKESSON MEDICAL	Dining chairs	10	\$ 14,843.18	1,484.32	1,484.32	(7,174.21)	7,668.97	1,484.32	(8,658.53)	6,184.65	-
03/23/16	DEB SAM - BUSINESS CARD	File Cabinet	15	\$ 595.26	39.68	39.68	(178.56)	416.70	39.68	(218.24)	377.02	-
5/24/2016	WAREHOUSE STORE FIXTURE	Ice machine	10	\$ 3,599.00	359.90	359.90	(1,559.57)	2,039.43	359.90	(1,919.47)	1,679.53	-
6/2/2016	GARY'S EAST COAST SERVICE Inc.	Steam Table	10	\$ 4,600.00	460.00	460.00	(1,993.33)	2,606.67	460.00	(2,453.33)	2,146.67	-
1/20/2017	Mckesson Medical-Surgical	Electronic Bed	5	\$ 1,674.50	334.90	334.90	(1,227.97)	446.53	334.90	(1,562.87)	111.63	-
1/25/2018	Mckesson Medical-Surgical	Electronic Bed	5	\$ 576.00	115.20	115.20	(307.20)	268.80	115.20	(422.40)	153.60	-
5/14/2018	Mckesson Medical-Surgical	Electronic Bed	5	\$ 7,950.00	1,590.00	1,590.00	(3,710.00)	4,240.00	1,590.00	(5,300.00)	2,650.00	-
11/23/2018	Business Card	Washing Mashine	5	\$ 919.00	183.80	183.80	(336.97)	582.03	183.80	(520.77)	398.23	-
2/21/2019	Gary's Eastcoast Service	Steam Table	10	\$ 4,048.50	404.85	404.85	(641.01)	3,407.49	404.85	(1,045.86)	3,002.64	-
3/22/2019	Mckesson Medical-Surgical	Electronic Bed	5	\$ 1,711.00	342.20	342.20	(513.30)	1,197.70	342.20	(855.50)	855.50	-
7/25/2019	Mckesson Medical-Surgical	Electronic Bed & Matres	5	\$ 43,258.84	8,651.77	8,651.77	(10,093.73)	33,165.11	8,651.77	(18,745.50)	24,513.34	-
7/9/2019	THE WAREHOUSE STORE FIXTURE	Refrigerator	5	\$ 3,099.00	619.80	619.80	(723.10)	2,375.90	619.80	(1,342.90)	1,756.10	-
08/15/19	THE WAREHOUSE STORE FIXTURE	Commercial Food blend	5	\$ 1,129.00	225.80	225.80	(244.62)	884.38	225.80	(470.42)	658.58	-
09/05/19	Connection	Computer	2	\$ 553.02	276.51	276.51	(276.51)	276.51	276.51	(553.02)	-	553.02
10/24/19	The Warehouse Store Fixture Comp	kitchen equipment	5	\$ 1,069.34	213.87	213.87	(196.05)	873.29	213.87	(409.92)	659.42	-
02/23/20	Business Card D. Sam	Rehab chairs	5	\$ 907.15	181.43	181.43	(105.83)	801.32	181.43	(287.26)	619.89	-
10/23/20	Business Card	Food Processor	5	\$ 1,064.35	212.87	212.87	-	-	195.13	(195.13)	869.22	-
11/24/20	GARY'S EAST COAST SERVICE Inc.	Double Deck oven	10	\$ 10,936.12	1,093.61	1,093.61	-	-	911.34	(911.34)	10,024.78	-
02/16/21	Direct Supply	Refrigerator	5	\$ 621.00	124.20	124.20	-	-	72.45	(72.45)	548.55	-
07/06/21	THE WAREHOUSE STORE FIXTURE	Commercial Food blend	5	\$ 7,876.00	1,575.20	1,575.20	-	-	262.53	(262.53)	7,613.47	-
<b>BALANCE</b>				<b>851,829.62</b>	<b>67,643.53</b>	<b>38,010.86</b>	<b>(775,139.11)</b>	<b>133,385.36</b>	<b>39,545.74</b>	<b>(814,684.83)</b>	<b>114,337.10</b>	<b>586,933.42</b>

Provider Name: Bishop Wicke Health & Rehabilitation Center  
Provider Number: 8128  
CRYE: 09/30/2021

# **3**

## **Cost Report Combination Schedules**

Bishop Wicke Health & Rehab Ctr.  
Balance Sheet - Assets  
CRYE 9/30/2021

Sch Assignment	Account	Description	Amounts
31.A.1	02-10030-110-001	Cash In Banks Non Operating - Webster 7546	\$23,287
	02-10010-110-001	Cash In Banks Operating Account	\$520,184
	02-10030-130-001	Cash In Banks Non Operating - M&T 6447 (Govt)	\$0
	02-10900-110-001	Petty Cash	\$700
	02-13000-710-001	Residents Funds	\$110,394
<b>31.A.1 Total</b>			<b>\$654,566</b>
31.A.2	02-11010-110-001	Accounts Receivable - Private	\$1,680,451
	02-11010-310-001	Accounts Receivable - Medicare A	\$218,635
	02-11010-330-001	Accounts Receivable - Medicare B	\$120,212
	02-11010-350-001	Accounts Receivable - Medicaid	\$861,696
	02-11010-370-001	Accounts Receivable - Managed Care	\$390,051
	02-11010-910-001	Allowance For Pending Medicaid	-\$604,446
	02-11010-950-001	Allowance For Doubtful Debts	-\$1,086,595
	02-11010-390-001	Accounts Receivable - Resident Income	-\$69,336
<b>31.A.2 Total</b>			<b>\$1,510,666</b>
31.A.4	02-12500-110-001	Inventory	\$21,521
<b>31.A.4 Total</b>			<b>\$21,521</b>
31.A.5.a	02-12010-150-001	Prepaid Expenses - Insurance	\$270,061
<b>31.A.5.a Total</b>			<b>\$270,061</b>
31.A.5.b	02-12010-110-001	Prepaid Expenses - Other	\$1,246
<b>31.A.5.b Total</b>			<b>\$1,246</b>
31.A.8.a	02-13000-310-001	HUD Reserve For Replacements	\$963,084
<b>31.A.8.a Total</b>			<b>\$963,084</b>
31.A.8.b	02-13000-510-001	Escrow Deposits	\$47,951
<b>31.A.8.b Total</b>			<b>\$47,951</b>
31.B.1	02-15000-110-001	Land	\$24,213
<b>31.B.1 Total</b>			<b>\$24,213</b>
31.B.2.a	02-15000-150-001	Land Improvements	\$389,985
	02-15000-150-001.1	Prior Owner (Land Improvements)	\$1,114
<b>31.B.2.a Total</b>			<b>\$391,099</b>
31.B.2.b	02-15500-150-001	Accumulated Depreciation - Land Improvements	-\$285,498
	02-15500-150-001.1	Pr. Owner (Accum Depr. Land Impr)	-\$1,952
<b>31.B.2.b Total</b>			<b>-\$287,450</b>
31.B.3.a	02-15000-310-001	Buildings	\$1,778,576
	02-15000-350-001	Building Improvements	\$6,388,905
	02-15000-350-001.1	Prior Year Cost Report Adj (Accum Depr. Building & Building Impr)	-\$77,612
	02-15000-910-001	Construction In Progress	\$16,772
<b>31.B.3.a Total</b>			<b>\$8,106,640</b>
31.B.3.b	02-15500-310-001	Accumulated Depreciation - Buildings	-\$1,776,794
	02-15500-350-001	Accumulated Depreciation - Building Improvements	-\$3,186,343
	02-15500-370-001	Accumulated Depreciation - Building Equipment	-\$929,666
	02-15500-350-001.1	Prior Owner (Accum Depr. Building)	\$52,172
<b>31.B.3.b Total</b>			<b>-\$5,840,631</b>
31.B.6.a	02-15000-370-001	Building Equipment	\$1,233,579
	02-15000-510-001	Furniture, Fixtures & Equipment	\$238,719
	02-15000-510-001.1	Prior Owner (Movable Equipment)	-\$33,717
<b>31.B.6.a Total</b>			<b>\$1,438,581</b>
31.B.6.b	02-15500-510-001	Accumulated Depreciation - FF&E	-\$1,032,404
	02-15500-510-001.1	Prior Owner (Accum Depr. Movable Equipment)	-\$64,502
	02-15500-370-001.1	Accumulated Depreciation - FF&E - Current Owner	-\$300,955
<b>31.B.6.b Total</b>			<b>-\$1,397,861</b>
31.B.9	02-15500-510-001.2	Fixed Asset Cost Report Difference	\$109,459
<b>31.B.9 Total</b>			<b>\$109,459</b>
32.D.6	02-17700-110-001	Clearing Accounts - Misc	\$0
	02-17700-150-001	Clearing Accounts - Intercompany	\$0
	02-17700-210-001	Clearing Accounts - Payroll	\$0
<b>32.D.6 Total</b>			<b>\$0</b>
32.D.7.a	02-16000-110-001	Deferred Financing Costs	\$170,405
<b>32.D.7.a Total</b>			<b>\$170,405</b>
32.D.7.b	02-16500-110-001	Accumulated Amortization - Deferred Financing Costs	-\$63,244
<b>32.D.7.b Total</b>			<b>-\$63,244</b>
32.D.7.c	02-10100-510-001	Investments - Donor Restricted Funds Held by Affiliate	\$911,000
<b>32.D.7.c Total</b>			<b>\$911,000</b>
<b>Grand Total</b>			<b>\$7,031,307</b>

Bishop Wicke Health & Rehab Ctr.  
 Balance Sheet - Liabilities & Equity  
 CRYE 9/30/2021

Sch. Assignment	Account	Description	Amounts
33.A.1	02-20010-110-002	Accounts Payable	-\$658,903
<b>33.A.1 Total</b>			<b>-\$658,903</b>
33.A.12.a	02-21010-110-002	Accrued Expenses Payable	-\$96,420
<b>33.A.12.a Total</b>			<b>-\$96,420</b>
33.A.12.b	02-21010-150-002	Accrued Expenses Payable - Provider Tax	-\$135,789
<b>33.A.12.b Total</b>			<b>-\$135,789</b>
33.A.12.c	02-21700-110-002	Resident Security Deposits Payable	-\$13,152
<b>33.A.12.c Total</b>			<b>-\$13,152</b>
33.A.12.g	02-21010-190-002	Accrued Expenses Payable - Residents Trust	-\$112,010
<b>33.A.12.g Total</b>			<b>-\$112,010</b>
33.A.4	02-21010-210-002	Accrued Expenses Payable - Payroll	-\$82,507
	02-21010-270-002	Accrued Expenses Payable - PTO	-\$303,712
	02-21010-275-002	Accrued Expenses - PTO Other	\$0
	02-21010-310-002	Accrued Expenses Payable - Pension	\$0
	02-21010-330-002	Accrued Expenses Payable - 401K and 457 Plans	\$0
	02-21010-130-002	Accrued Expenses Payable - Employee Donations	\$0
	02-21010-220-002	Accrued Expenses Payable - Payroll Other	\$0
<b>33.A.4 Total</b>			<b>-\$386,219</b>
33.A.6	02-21010-250-002	Accrued Expenses Payable - ER Payroll Taxes	-\$29,545
	02-21010-230-002	Accrued Expenses Payable - EE Withholding Taxes	\$0
<b>33.A.6 Total</b>			<b>-\$29,545</b>
34.B.4.a	02-25100-190-002	Loan Payable - Mortgage	-\$7,551,076
<b>34.B.4.a Total</b>			<b>-\$7,551,076</b>
34.B.4.b	02-17010-001-001	Due To/From Affiliates - UMH	-\$6,050,207
<b>34.B.4.b Total</b>			<b>-\$6,050,207</b>
35.B.1	02-29300-100-003	Permanently Restricted Assets	-\$911,001
	02-29500-100-003	Retained Earnings	\$8,630,913
<b>35.B.1 Total</b>			<b>\$7,719,912</b>
<b>Total Liabilities &amp; Equity</b>			<b>-\$6,943,308</b>

Sch. Assignment	Account	Description	Amounts
30.I.1.a	02-35100-300-360	Room & Board Revenue - Medicaid	-\$7,399,847
	02-41100-300-425	Miscellaneous Rev - Medicaid	-\$10,100
<b>30.I.1.a Total</b>			<b>-\$7,409,947</b>
30.I.1.b	02-35100-350-360	Contractual Allowance - Room & Board - Medicaid	\$3,088,731
	02-35950-350-370	Contractual Allowance - Sequester Adj - Medicaid	\$0
	02-35900-350-370	Contract Allow - Ancillaries - Medicaid	\$7,648
<b>30.I.1.b Total</b>			<b>\$3,096,379</b>
30.I.3.a	02-35100-200-355	Room & Board Revenue - Medicare	-\$1,632,205
	02-41100-310-425	Miscellaneous Revenue - Medicare A	-\$11,368
<b>30.I.3.a Total</b>			<b>-\$1,643,573</b>
30.I.3.b	02-35100-250-355	Contractual Allowance - Room & Board - Medicare	-\$714,435
	02-35950-250-370	Contractual Allowance - Sequester Adj - Medicare	-\$4,061
<b>30.I.3.b Total</b>			<b>-\$718,496</b>
30.I.4.a	02-35100-100-350	Room & Board Revenue - Private	-\$2,975,125
	02-35100-400-365	Room & Board Revenue - Managed Care	-\$1,344,464
	02-41100-110-425	Miscellaneous Revenue - Private	-\$884
	02-41100-370-425	Miscellaneous Revenue - Managed Care	\$0
<b>30.I.4.a Total</b>			<b>-\$4,320,473</b>
30.I.4.b	02-35100-150-350	Contractual Allowance Room & Board - Private	\$7,747
	02-35100-450-365	Contractual Allowance - Room & Board - Managed Care	\$107,250
	02-35900-150-370	Contractual Allowance - Ancillaries - Private	-\$75,547
	02-35950-150-370	Contractual Allowance - Sequester Adj - Private	\$0
<b>30.I.4.b Total</b>			<b>\$39,450</b>
30.II.1.a	02-36800-200-370	Pharmacy - Medicare A	-\$97,070
<b>30.II.1.a Total</b>			<b>-\$97,070</b>
30.II.1.b	02-35900-250-370.6	PHARM - C/A ANCILLARIES MEDICARE A	\$97,070
<b>30.II.1.b Total</b>			<b>\$97,070</b>
30.II.1.c	02-36800-100-370	Pharmacy - Private	\$0
	02-36800-400-370	Pharmacy - Managed Care	-\$54,295
<b>30.II.1.c Total</b>			<b>-\$54,295</b>
30.II.2.a	02-36700-200-370	Medical Supply - Medicare A	-\$6,588
<b>30.II.2.a Total</b>			<b>-\$6,588</b>
30.II.2.b	02-35900-250-370.8	MEDICAL SUPPLIES - C/A ANCILLARIES MEDICARE A	\$6,588
<b>30.II.2.b Total</b>			<b>\$6,588</b>
30.II.2.c	02-36700-100-370	Medical Supply - Private	-\$6,542
	02-36700-400-370	Medical Supply - Managed Care	-\$5,765
	02-36700-300-370	Medical Supply - Medicaid	-\$7,648
<b>30.II.2.c Total</b>			<b>-\$19,956</b>
30.II.3.a	02-36100-500-370	Physical Therapy Revenue - Medicare B	-\$143,751
	02-36100-200-370	Physical Therapy Revenue - Medicare A	-\$246,101
<b>30.II.3.a Total</b>			<b>-\$389,852</b>
30.II.3.b	02-35900-250-370.1	PT-C/A ANCILLARIES MEDICARE A	\$246,101
	02-35900-550-370.1	PT-C/A ANCILLARIES MEDICARE B	\$24,986
<b>30.II.3.b Total</b>			<b>\$271,087</b>
30.II.3.c	02-36100-100-370	Physical Therapy Revenue - Private	-\$19,296
	02-36100-400-370	Physical Therapy Revenue - Managed Care	-\$199,419
<b>30.II.3.c Total</b>			<b>-\$218,715</b>
30.II.4.a	02-36500-500-370	Speech Therapy Revenue - Medicare B	-\$18,113
	02-36500-200-370	Speech Therapy Revenue - Medicare A	-\$99,576
<b>30.II.4.a Total</b>			<b>-\$117,690</b>
30.II.4.b	02-35900-250-370.3	ST- C/A ANCILLARIES MEDICARE A	\$99,576
	02-35900-550-370.3	ST- C/A ANCILLARIES MEDICARE B	\$2,295
	02-41010-410-425.3	OUTPATIENT THERAPY PROGRAM (SPEECH THER C/A)	\$2,056
<b>30.II.4.b Total</b>			<b>\$103,927</b>
30.II.4.c	02-36500-100-370	Speech Therapy Revenue - Private	-\$650
	02-36500-400-370	Speech Therapy Revenue - Managed Care	-\$76,302
<b>30.II.4.c Total</b>			<b>-\$76,953</b>
30.II.5.a	02-36300-500-370	Occupational Therapy Revenue - Medicare B	-\$23,544
	02-36300-200-370	Occupational Therapy Revenue - Medicare A	-\$281,632
<b>30.II.5.a Total</b>			<b>-\$305,175</b>
30.II.5.b	02-35900-250-370.2	OT - C/A ANCILLARIES MEDICARE A	\$281,632
	02-35900-550-370.2	OT - C/A ANCILLARIES MEDICARE B	\$984
	02-41010-410-425.1	OUTPATIENT THERAPY PROGRAM (PHY THER C/A)	\$6,350
	02-41010-410-425.2	OUTPATIENT THERAPY PROGRAM (OCC THER C/A)	\$5,615
<b>30.II.5.b Total</b>			<b>\$294,581</b>
30.II.5.c	02-36300-100-370	Occupational Therapy Revenue - Private	-\$5,215
	02-36300-400-370	Occupational Therapy Revenue - Managed Care	-\$219,050
<b>30.II.5.c Total</b>			<b>-\$224,265</b>
30.II.6.a	02-36600-200-370	Laboratory - Medicare A	-\$4,603
	02-36600-200-370.2	RADIOLOGY MEDICARE A	\$0
	02-35900-250-370.4	OXYGEN - C/A ANCILLARIES MEDICARE A	\$0
	02-35900-250-370.5	LAB - C/A ANCILLARIES MEDICARE A	\$4,603
	02-35900-250-370.7	RADIOLOGY - C/A ANCILLARIES MEDICARE A	\$0
<b>30.II.6.a Total</b>			<b>\$0</b>
30.II.6.b	02-36600-400-370	Laboratory - Managed Care	-\$1,895
	02-35900-450-370.4	LAB-C/A ANCILLARIES MANAGED CARE	\$1,895
<b>30.II.6.b Total</b>			<b>\$0</b>
30.IV.1	02-41010-190-425	Other Revenue - Guest Meals/Tray Charges	-\$34
<b>30.IV.1 Total</b>			<b>-\$34</b>
30.IV.8	02-30200-360-310	Grant - Other	\$0
	02-53010-110-530	Dividend & Interest income	-\$6,376
	02-42010-110-450	Rental Income	-\$1,350
	02-41010-310-425	Other Revenue - Miscellaneous	-\$10,413
	02-41010-310-425.1	UNITED HEALTHCARE - DIVIDEND MATRIX	\$0
	02-41010-310-425.2	Attorney fees on C. Russel Account	\$0
	02-41010-310-425.3	MEDICAL RECORD COPIES	\$0
	02-55010-110-550	Other Income (Loss)-(For FY 2017 this is Change in Value of Donor Restricted funds held by Affiliated Foundation)	\$0
	02-55020-110-425	Stimulus Revenue	-\$88,000
	02-55030-110-425	Contractual Allowance - Stimulus Revenue	\$88,000
	02-41015-310-425	Other Revenue - Miscellaneous - COVID - FED	-\$1,106,400
	02-41020-310-425	Other Revenue - Miscellaneous - COVID - CT	-\$70,640

Sch. Assignment	Account	Description	Amounts
<b>30.IV.8 Total</b>			<b>-\$1,195,178</b>
30.II.3.d	02-35900-450-370.1	PT-C/A ANCILLARIES MANAGED CARE	\$199,419
<b>30.II.3.d Total</b>			<b>\$199,419</b>
30.II.5.d	02-35900-450-370.2	OT-C/A ANCILLARIES MANAGED CARE	\$219,050
<b>30.II.5.d Total</b>			<b>\$219,050</b>
30.II.4.d	02-35900-450-370.3	ST-C/A ANCILLARIES MANAGED CARE	\$76,302
<b>30.II.4.d Total</b>			<b>\$76,302</b>
30.II.2.d	02-35900-450-370.5	MEDICAL SUPPLY-C/A ANCILLARIES MANAGED CARE	\$5,765
<b>30.II.2.d Total</b>			<b>\$5,765</b>
30.II.1.d	02-35900-450-370.6	PHARMACY-C/A ANCILLARIES MANAGED CARE	\$54,295
<b>30.II.1.d Total</b>			<b>\$54,295</b>
<b>Grand Total</b>			<b>-\$12,334,346</b>

Bishop Wicke Health & Rehab Ctr.  
Income Statement - Expense  
CRYE 9/30/2021

Sch. Assignment	Account	Description	Amounts
10.A.11.b	02-61500-100-700.2	Other Accountants' Salary	\$117,761
<b>10.A.11.b Total</b>			<b>\$117,761</b>
10.A.12.a	02-61150-100-800	Salary Expense - Management & Supervision	\$293,681
<b>10.A.12.a Total</b>			<b>\$293,681</b>
10.A.12.b.1	02-61200-100-810	Salary Expense - RN	\$1,133,451
<b>10.A.12.b.1 Total</b>			<b>\$1,133,451</b>
10.A.12.b.2	02-61200-100-800	Salary Expense - RN	\$73,259
	02-61500-100-800	Salary Expense - Staff	\$122,514
<b>10.A.12.b.2 Total</b>			<b>\$195,773</b>
10.A.12.c.1	02-61290-100-810	Salary Expense - LPN	\$758,619
<b>10.A.12.c.1 Total</b>			<b>\$758,619</b>
10.A.12.d	02-61300-100-810	Salary Expense - CNA	\$1,864,164
<b>10.A.12.d Total</b>			<b>\$1,864,164</b>
10.A.12.h	02-61150-100-775	Salary Expense - Management & Supervision	\$72,982
	02-61500-100-775	Salary Expense - Staff	\$92,217
<b>10.A.12.h Total</b>			<b>\$165,199</b>
10.A.12.m	02-61500-100-770	Salary Expense - Staff	\$139,277
<b>10.A.12.m Total</b>			<b>\$139,277</b>
10.A.2	02-61100-100-700	Salary Expense - Executives	\$121,888
<b>10.A.2 Total</b>			<b>\$121,888</b>
10.A.4	02-61150-100-700	Salary Expense - Management & Supervision	\$0
	02-61500-100-700	Salary Expense - Staff	\$266,875
<b>10.A.4 Total</b>			<b>\$266,875</b>
10.A.5.b	02-61150-100-730	Salary Expense - Management & Supervision	\$320,215
<b>10.A.5.b Total</b>			<b>\$320,215</b>
10.A.5.c	02-61500-100-730	Salary Expense - Staff	\$469,391
<b>10.A.5.c Total</b>			<b>\$469,391</b>
10.A.6.a	02-61150-100-745	Salary Expense - Management & Supervision	\$0
<b>10.A.6.a Total</b>			<b>\$0</b>
10.A.6.b	02-61500-100-745	Salary Expense - Staff	\$252,908
<b>10.A.6.b Total</b>			<b>\$252,908</b>
10.A.7.b	02-61500-100-750	Salary Expense - Staff	\$150,948
<b>10.A.7.b Total</b>			<b>\$150,948</b>
13.B.10.a	02-82010-310-820.2	OCCUPATIONAL THERAPY- PART A	\$118,099
	02-82010-330-820.2	OCCUPATIONAL THERAPY- PART B	\$55,979
	02-82010-350-820.2	OCCUPATIONAL THERAPY- OTHER PAYORS	\$97,526
<b>13.B.10.a Total</b>			<b>\$271,604</b>
13.B.11.b.1	02-81010-230-810	Nursing Services - Employment Agency Pool - LPN	\$33,999
<b>13.B.11.b.1 Total</b>			<b>\$33,999</b>
13.B.12.2	02-81010-110-810	Nursing Services - Consulting Fees	\$63,349
<b>13.B.12.2 Total</b>			<b>\$63,349</b>
13.B.2	02-83010-170-830	Medical Services Expense - Dentist	\$6,480
<b>13.B.2 Total</b>			<b>\$6,480</b>
13.B.3	02-83010-130-830	Medical Services Expense - Pharmacist	\$10,187
<b>13.B.3 Total</b>			<b>\$10,187</b>
13.B.5.a	02-82010-310-820	Ancillary Expense - Contracted MCA	\$0
	02-82010-310-820.3	PHYSICAL THERAPY - PART A	\$124,918
	02-82010-330-820	Ancillary Expense - Contracted MCB	\$0
	02-82010-330-820.3	PHYSICAL THERAPY - PART B	\$74,257
	02-82010-350-820	Ancillary Expense - Contracted Other Payors	\$0
	02-82010-350-820.3	PHYSICAL THERAPY - OTHER PAYORS	\$96,378
<b>13.B.5.a Total</b>			<b>\$295,553</b>
13.b.5.b	02-81010-110-810.1	PHYSICAL THERAPY - ALLIANCE TRAINING	\$1,316
<b>13.b.5.b Total</b>			<b>\$1,316</b>
13.B.8.a	02-83010-110-830	Medical Services Expense - Medical Director	\$24,000
<b>13.B.8.a Total</b>			<b>\$24,000</b>
13.B.8.c	02-83010-150-830	Medical Services Expense - Physician	\$1,332
<b>13.B.8.c Total</b>			<b>\$1,332</b>
13.B.9.a	02-82010-310-820.1	SPEECH THERAPY- PART A	\$56,873
	02-82010-330-820.1	SPEECH THERAPY- PART B	\$14,360
	02-82010-350-820.1	SPEECH THERAPY- OTHER PAYORS	\$32,867
<b>13.B.9.a Total</b>			<b>\$104,100</b>
13.b.9.b	02-81010-110-810.3	SPEECH THERAPY - ALLIANCE TRAINING	\$464

Bishop Wicke Health & Rehab Ctr.  
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Sch. Assignment	Account	Description	Amounts
<b>13.b.9.b Total</b>			<b>\$464</b>
13.b.10.b	02-81010-110-810.2	OCCUPATIENTAL THERAPY - ALLIANCE TRAINING	\$1,210
<b>13.b.10.b Total</b>			<b>\$1,210</b>
13.B.11.a.1	02-81010-210-810	Nursing Serv - Employment Agency - RN	\$45,569
<b>13.B.11.a.1 Total</b>			<b>\$45,569</b>
15.1.a.1	02-67500-290-675	Employee Benefit Expense - Workers' Comp	\$141,835
<b>15.1.a.1 Total</b>			<b>\$141,835</b>
15.1.a.3	02-67500-270-675	Employee Benefit Expense - Unemployment Taxes	\$41,434
<b>15.1.a.3 Total</b>			<b>\$41,434</b>
15.1.a.4	02-65500-110-650	Payroll Tax Expense - FICA	\$454,629
<b>15.1.a.4 Total</b>			<b>\$454,629</b>
15.1.a.5	02-67500-190-675	Employee Benefit Expense - Health Insurance	\$608,691
<b>15.1.a.5 Total</b>			<b>\$608,691</b>
15.1.a.6	02-67500-210-675	Employee Benefit Expense - Life Insurance	\$78,367
<b>15.1.a.6 Total</b>			<b>\$78,367</b>
15.1.a.7	02-67500-250-675	Employee Benefit Expense - Pension Expense	\$0
	02-67500-110-675	Employee Benefit Expense - 401K Match	\$170,799
<b>15.1.a.7 Total</b>			<b>\$170,799</b>
15.1.a.8	02-73010-310-730	Dietary Expenses - Uniforms	\$908
	02-74510-150-745	Housekeeping Expense - Uniform Expense	\$747
<b>15.1.a.8 Total</b>			<b>\$1,655</b>
15.1.a.9	02-67500-130-675	Employee Benefit Expense - Employee Physicals	\$21,726
	02-67500-230-675	Employee Benefit Expense - Other Benefits	\$0
<b>15.1.a.9 Total</b>			<b>\$21,726</b>
15.1.c	02-87010-110-870	Bad Debt Expense	\$399,996
<b>15.1.c Total</b>			<b>\$399,996</b>
15.1.d	02-70010-110-700	General & Administrative Expense - Accounting Fees	\$32,645
<b>15.1.d Total</b>			<b>\$32,645</b>
15.1.e	02-70010-290-700	General & Administrative Expense - Legal Fees	\$8,223
<b>15.1.e Total</b>			<b>\$8,223</b>
15.1.g	02-70010-390-700	General & Administrative Expense - Office Supplies	\$49,275
<b>15.1.g Total</b>			<b>\$49,275</b>
15.1.h.1	02-70010-510-700	General & Administrative Expense -Telephone	\$35,400
<b>15.1.h.1 Total</b>			<b>\$35,400</b>
15.1.k.3	02-89010-110-890	Tax Expense - Provider Tax	\$512,005
<b>15.1.k.3 Total</b>			<b>\$512,005</b>
16.l.2	02-67500-150-675	Employee Benefit Expense - Employee Relations	\$22,689
<b>16.l.2 Total</b>			<b>\$22,689</b>
16.l.4	02-70010-130-700	General & Administrative Expense - Business Travel	\$567
<b>16.l.4 Total</b>			<b>\$567</b>
16.l.5	02-70010-330-700	General & Administrative Expense - Meetings Seminars	\$3,596
<b>16.l.5 Total</b>			<b>\$3,596</b>
16.m.1	02-70010-250-700	General & Administrative Expense - Help Wanted Ads	\$0
<b>16.m.1 Total</b>			<b>\$0</b>
16.m.5	02-81010-350-810.1	MEDICAL RECORD SUPPLIES (Omicare)	\$0
<b>16.m.5 Total</b>			<b>\$0</b>
16.m.10	02-70010-190-700	General & Administrative Expense - Donations/Contributions	\$0
<b>16.m.10 Total</b>			<b>\$0</b>
16.m.11	02-70010-170-700	General & Administrative Expense - Consulting Fees	\$9,919
	02-70010-410-700	General & Administrative Expense - Payroll Services	\$37,017
<b>16.m.11 Total</b>			<b>\$46,936</b>
16.m.12	02-91010-110-910	Management Fees	\$0
	02-91010-110-910.1	OTHER CORPORATE OFFICE INDIRECT SALARIES	\$248,078
	02-91010-110-910.2	OTHER CORPORATE OFFICE INDIRECT BEN	\$62,020
	02-91010-110-910.3	OTHER CORPORATE OFFICE INDIRECT TAXES	\$17,037
	02-91010-110-910.4	FINANCE DEPT. BENEFITS PAID THRU UMH	\$17,194
	02-91010-110-910.5	FINANCE DEPT. TAXES PAID THRU UMH	\$5,261
	02-91010-110-910.6	FINANCE DEPARTMENT SALARY PAID THRU UMH	\$68,776
	02-91010-110-910.7	Accounting Manager Salary paid through UMH	\$9,519
	02-91010-110-910.8	Acct. Mngr. BENEFITS PAID THRU UMH	\$2,380
	02-91010-110-910.9	Acct. Mngr TAXES PAID THRU UMH	\$728
<b>16.m.12 Total</b>			<b>\$430,994</b>
16.m.13	02-70010-310-700	General & Administrative Expense - License & Fees	\$63,141

Bishop Wicke Health & Rehab Ctr.  
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Sch. Assignment	Account	Description	Amounts
16.m.13	02-70010-120-700	General & Administrative Expense - Bank Fees	\$10,597
	02-70010-550-700	Gen & Admin - Late Fees & Charges	\$121
<b>16.m.13 Total</b>			<b>\$73,859</b>
16.m.3	02-72010-210-720	Marketing Expense - Promotions	\$194
	02-72010-102-720	Marketing Expense - Bishop Wicke	\$6,620
<b>16.m.3 Total</b>			<b>\$6,814</b>
16.m.7	02-70010-430-700	General & Administrative Expense - Postage	\$3,641
<b>16.m.7 Total</b>			<b>\$3,641</b>
16.m.8	02-70010-350-700	General & Administrative Expense - Membership Dues	\$14,740
<b>16.m.8 Total</b>			<b>\$14,740</b>
16.m.9	02-70010-490-700	General & Administrative Expense - Subscriptions	\$6,769
<b>16.m.9 Total</b>			<b>\$6,769</b>
18.2.a.1	02-73010-250-730	Dietary Expenses - Raw Food & Beverage	\$362,291
	02-73010-210-730	Dietary Expenses - Nutritional Supplements	\$27,250
<b>18.2.a.1 Total</b>			<b>\$389,541</b>
18.2.a.2	02-73010-130-730	Dietary Expenses - Dietary Supplies	\$54,834
<b>18.2.a.2 Total</b>			<b>\$54,834</b>
19.3.a.1	02-74010-150-740	Laundry Expense - Patients	\$36,915
<b>19.3.a.1 Total</b>			<b>\$36,915</b>
19.3.b	02-73010-150-730	Dietary Expenses - Laundry Services	\$18,877
	02-74010-110-740	Laundry Expense - General	\$152,975
<b>19.3.b Total</b>			<b>\$171,853</b>
20.4.a.1	02-74510-110-745	Housekeeping Expense - Supplies	\$38,251
<b>20.4.a.1 Total</b>			<b>\$38,251</b>
20.5.a.2	02-81010-130-810	Nursing Serv - Drugs	\$151,661
	02-81010-350-810.2	Nursing Services - Drugs	\$25,224
<b>20.5.a.2 Total</b>			<b>\$176,885</b>
20.5.b	02-81010-330-810	Nursing Services - Supplies Non-Billable	\$11,332
<b>20.5.b Total</b>			<b>\$11,332</b>
20.5.c	02-81010-350-810	Nursing Services - Supplies (Gauze, Tape)	\$293,019
<b>20.5.c Total</b>			<b>\$293,019</b>
20.5.d	02-82010-110-820	Ancillary Expense - Ambulance	\$0
<b>20.5.d Total</b>			<b>\$0</b>
20.5.e.2	02-82010-190-820	Ancillary Expense - Oxygen Supplies	\$19,496
	02-82010-130-820	Ancillary Expense - Equipment Rental	\$35,436
<b>20.5.e.2 Total</b>			<b>\$54,932</b>
20.5.f	02-82010-250-820	Ancillary Expense - X-Ray	\$7,054
<b>20.5.f Total</b>			<b>\$7,054</b>
20.5.h	02-82010-150-820	Ancillary Expense - Laboratory Services	\$12,685
<b>20.5.h Total</b>			<b>\$12,685</b>
20.5.i	02-77500-150-775	Recreation Expense - Entertainers	\$8,800
	02-77500-210-775	Recreation Expense - Supplies	\$5,925
	02-77500-110-775	Recreation Expense - Activities	\$100
<b>20.5.i Total</b>			<b>\$14,825</b>
20.5.j	02-82010-170-820	Ancillary Expense - Medical Supplies - Non Billable	\$713
	02-82010-210-820	Ancillary Expense - Therapy Supplies	\$2,047
	02-82010-210-820.1	PHYSICAL THERAPY SUPPLIES	\$0
	02-82010-210-820.2	SPEECH THERAPY SUPPLIES	\$0
	02-82010-210-820.3	OCCUPATIONAL THERAPY SUPPLIES	\$0
	02-81010-110-810.4	SDX Swallowing from	\$0
<b>20.5.j Total</b>			<b>\$2,759</b>
22.6.a	02-75010-110-750	Maintenance Expense - Building Repair Service Contracts	\$18,954
	02-75010-310-750	Maintenance Expense - Repair & Maintenance	\$35,380
<b>22.6.a Total</b>			<b>\$54,333</b>
22.6.b	02-85010-190-850	Utility Expense - Oil	\$1,487
	02-85010-150-850	Utility Expense - Gas	\$41,587
<b>22.6.b Total</b>			<b>\$43,074</b>
22.6.c	02-85010-110-850	Utility Expense - Electric	\$233,693
<b>22.6.c Total</b>			<b>\$233,693</b>
22.6.d	02-85010-210-850	Utility Expense - Water	\$13,981
<b>22.6.d Total</b>			<b>\$13,981</b>
22.6.e	02-70010-210-700	General & Administrative Expense - Equipment Rental	\$5,331
<b>22.6.e Total</b>			<b>\$5,331</b>

Bishop Wicke Health & Rehab Ctr.  
Income Statement - Expense  
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Sch. Assignment	Account	Description	Amounts
22.6.f	02-70010-270-700	General & Administrative Expense - Internet Services	\$5,421
	02-70010-470-700	General & Administrative Expense - Satellite TV	\$4,193
	02-75010-150-750	Maintenance Expense - Equipment Rental	\$0
	02-75010-290-750	Maintenance Expense - Pest Control	\$4,225
	02-75010-350-750	Maintenance Expense - Rubbish Removal	\$42,618
	02-75010-210-750	Maintenance Expense - Landscaping	\$3,113
	02-75010-390-750	Maintenance Expense - Snow Removal	\$0
	02-75010-410-750	Maintenance Expense - Supplies	\$18,450
	02-89010-150-890.1	Sewer Usage	\$6,469
	02-75010-450-750	Maintenance - Uniforms	\$0
<b>22.6.f Total</b>			<b>\$84,489</b>
22.7.a	02-93010-150-930.1	DEPRECIATION EXPENSE-LAND IMPROVEMENTS	\$14,481
<b>22.7.a Total</b>			<b>\$14,481</b>
22.7.b	02-93010-150-930.2	DEPRECIATION EXPENSE-BUILDING	\$209,407
	02-93010-150-930.3	DEPRECIATION EXPENSE-NONMOVABLE EQUIP	\$1,580
<b>22.7.b Total</b>			<b>\$210,987</b>
22.7.d	02-93010-150-930.4	DEPRECIATION EXPENSE-MOVABLE EQUIP	\$43,946
<b>22.7.d Total</b>			<b>\$43,946</b>
22.8.b	02-93010-110-930	Depreciation & Amortization Expense - Amortization	\$6,922
<b>22.8.b Total</b>			<b>\$6,922</b>
22.10.c	02-89010-150-890	Tax Expense - Real Estate & Property	\$523
<b>22.10.c Total</b>			<b>\$523</b>
26.A.1	02-92010-130-920	Interest Expense - Loans & Notes	\$151,973
	02-92510-110-925	Mortgage Insurance Premium	\$38,394
<b>26.A.1 Total</b>			<b>\$190,367</b>
27.12.D	02-92010-170-920	Interest Expense - Penalties & Late Fees	\$0
	02-92010-130-920.1	Interest Expense - Refunded Loan	\$42,572
<b>27.12.D Total</b>			<b>\$42,572</b>
27.14.a	02-70010-230-700.1	PROPERTY INSURANCE	\$27,677
<b>27.14.a Total</b>			<b>\$27,677</b>
27.14.b	02-70010-230-700.2	AUTO INSURANCE	\$0
<b>27.14.b Total</b>			<b>\$0</b>
27.14.c.3	02-70010-230-700	General & Administrative Expense - General Insurance	\$0
	02-70010-230-700.3	OPERATING INSURANCE	\$162,158
<b>27.14.c.3 Total</b>			<b>\$162,158</b>

Bishop Wicke Health & Rehab Ctr.  
Page 28 - Adjustments to Statement of Expenditures  
CRYE 9/30/2021

Sch. Assignment	Account	Description	Amounts
28.05	02-83010-150-830	Medical Services Expense - Physician	\$1,332
<b>28.05 Total</b>			<b>\$1,332</b>
28.06	02-82010-310-820.2	OCCUPATIONAL THERAPY- PART A	\$118,099
	02-82010-330-820.2	OCCUPATIONAL THERAPY- PART B	\$55,979
	02-82010-350-820.2	OCCUPATIONAL THERAPY- OTHER PAYORS	\$97,526
	02-81010-110-810.2	OCCUPATIONAL THERAPY - ALLIANCE TRAINING	\$1,210
<b>28.06 Total</b>			<b>\$272,814</b>
28.07	02-83010-170-830	Medical Services Expense - Dentist	\$6,480
<b>28.07 Total</b>			<b>\$6,480</b>
28.09	02-87010-110-870	Bad Debt Expense	\$399,996
<b>28.09 Total</b>			<b>\$399,996</b>
28.18	02-72010-210-720	Marketing Expense - Promotions	\$194
	02-72010-102-720	Marketing Expense - Bishop Wicke	\$6,620
<b>28.18 Total</b>			<b>\$6,814</b>
28.2	02-70010-190-700	General & Administrative Expense - Donations/Contributions	\$0
<b>28.2 Total</b>			<b>\$0</b>
28.10		Legal Fees (See Attached Schedule)	-
28.21	P. 16, Ln m12	Unallowable Management Fees	#####
28.24	02-41010-190-425	Other Revenue - Guest Meals/Tray Charges	34
<b>Grand Total</b>			<b><u><u>\$905,752</u></u></b>

Bishop Wicke Health & Rehab Ctr.  
Page 29 - Adjustments to Statement of Expenditures  
CRYE 9/30/2021

Sch. Assignment	Account	Description	Sum of Current Year Adjusted Amount
29.27	02-81010-350-810.2	Nursing Services - Drugs	\$25,224
	02-81010-130-810	Nursing Serv - Drugs	\$151,661
<b>29.27 Total</b>			<b>\$176,885</b>
29.28	02-82010-110-820	Ancillary Expense - Ambulance	\$0
<b>29.28 Total</b>			<b>\$0</b>
29.29	02-82010-250-820	Ancillary Expense - X-Ray	\$7,054
<b>29.29 Total</b>			<b>\$7,054</b>
29.3	02-82010-150-820	Ancillary Expense - Laboratory Services	\$12,685
<b>29.3 Total</b>			<b>\$12,685</b>
29.32	02-82010-190-820	Ancillary Expense - Oxygen Supplies	\$19,496
	02-82010-130-820	Ancillary Expense - Equipment Rental	\$35,436
<b>29.32 Total</b>			<b>\$54,932</b>
29.33	02-82010-210-820.3	OCCUPATIONAL THERAPY SUPPLIES	\$0
<b>29.33 Total</b>			<b>\$0</b>
29.49	02-41010-310-425.2	Attorney fees on C. Russel Account	\$0
	02-41010-310-425.3	MEDICAL RECORD COPIES	\$0
29.35 Total		Mov. Equip. Depr (See Attached)	14
29.38 Total	02-42010-110-450	RENTAL INCOME-OFFICE SPACE	1,350
29.39 Total		See 29.39 Schedule	1,934
29.40 Total		Outpatient therapy (Property Ins allocation)	125
29.49 Total		Various See 29.49 Schedule	1,568
29.50		Various See 29.50 Schedule	88,727
		Balance from Page 28	905,752
		<b>Total</b>	<b>1,000,819</b>

Provider Name: Bishop Wicke Health & Rehabilitation Center  
Provider Number: 8128  
CRYE: 09/30/2021

# **4**

## **Checklist**

# Annual Report of Long-Term Care Facility Cost Year 2021 Checklist

This checklist is not required to be submitted with the Annual Report

**Facility Name** \_\_\_\_\_

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

Yes No

2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

15. Has asset useful life been reported in accordance with the 2018 edition of the American Hospital Association guidelines?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2018 edition of the American Hospital Association guidelines?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Provider Name: Bishop Wicke Health & Rehabilitation Center  
Provider Number: 8128  
CRYE: 09/30/2021

# 5

## **Form W-411 (Resident Trust Form)**

07/14/2021

Myers & Stauffer LLC

7 Waterside Crossing, Suite 202

Windsor, CT 06095

RE: Statement of Resident's Personal Funds Account

---

Bishop Wicke Health Center

Provider Number: 000008128

NPI: 1851428387

To Whom It May Concern:

Please find enclosed the yearly Statement of Resident's Personal Funds Account for Bishop Wicke Health Center.

If you have any questions or need additional information, please feel free to contact me at the following Telephone number. 203-225-2794

Sincerely,

Charlanda Bish

Bishop Wicke Health Center Finance Dept.

580 Long Hill Ave.

Shelton, CT 06484

Email: [cbish@umh.org](mailto:cbish@umh.org)

STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES  
STATEMENT OF RESIDENT'S/INDIVIDUAL'S PERSONAL FUNDS ACCOUNT

Balances as of 6/30/2021  
(end of month date)

Facility Name <u>Bishop Wicke</u>	Administrator <u>Debra Samorajczyk</u>
Street <u>584 Long Hill Ave</u>	Administrator's Signature <u>Debra Samorajczyk</u> Date <u>7-9-21</u>
City/Town <u>Shelton</u> State <u>CT</u> Zip <u>06484</u>	Bank Name <u>Webster Bank</u>
Phone No. <u>203-929-5321</u>	Aggregate Bank Account No. _____ (if applicable) (Bank Statement enclosed)
Personal Funds Custodian _____	

Name	Medical Number	Personal Funds In Facility	Private Funds In Banks	Bank Name & Account No.	Burial Fund Amount	Bank Name & Account No. or Funeral Home Name

Name	Medicaid No.	Personal Fund in Facility	Private Funds in Banks	Bank Name & Account No.	Burial Fund Amount	Bank Name & Account No. or Funeral Home Name
BARONE, CARMELLA	004353932	3,357.14			?	
BELL, PATRICIA	001398803	780.62				
BERTONCINI, RENATE	102162987	205.93				
BLYDENBURG, LUCRETIA	003335493	605.00				
BOYKO, NICOLAS	003332418	328.07				
CHARLES, BARBARA	003023400	3,487.45			?	RIVERVIEW
CUSANO, ANGIOLINA	004362467	364.00				
DAMELIO, MAFELDA	102337779	441.00				
DAVIS, ARTHUR	002130218	1,336.62				
DILISIO, ANN	100227228	50.00				
DONOVAN, STEPHEN	004073614	120.00				
GOODPASTER, MARTHA	100918894	137.16				
HEDRICK, GAIL	100227228	236.26				
HENETZ, KATHERINE	102485575	95.18				
HENRY, EDITH	001984158	184.00				
HINKSON, MARTHA	100647434	272.28				
KNOTT, ANGELINA	00416371	2,773.33				
KUNDERT, MILTON	0102257261	192.02				
LAFOUNTAINE, IVA	002310063	3,318.56				
MACCIOCCA, MARGARET	002907386	(10.00)				
MALICK, PHILOMENA	002977928	2,808.00				
MCNEMAR, ANNA	003396165	3,702.05			?	
MILILLI, IDA	003127813	2,960.85			?	
MILLER, MARIE	100956937	45.00				
NORRIS, EVELYN	101563684	(252.67)				
O'NEILL, DONALD	102260349	46.00				
OSBORNE, EDWARD	001936075	1,973.89				
PASQUARELLA, BETTY	003008506	2,391.00				
PRICE, SUZANNE	101424376	(39.00)				
RAIA, CLORINDA	102669997	489.00				
RANDALL, DONALD	002453064	3,945.12				
REEVE, ELLEN	936871488	583.18				
ROSA, JOYCE	003825616	46.00				
ROXBURY, RITA	004315222	120.00				
RUBANO, HENRIETTA	100519163	105.83				
RUBANO, MARIO	100519179	102.00				
SABETTA, ELEANOR	101292584	1,424.00				
SPANIER, JILL	004381851	1,874.40				
TAYLOR, MARIAN	101733493	182.64				
WALKLEY, DONALD	101628482	1,810.00				



Search

### Trust - Transaction History

Resident: Barone, Carmella (6624)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

Refresh Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
6/3/2021	6/3/2021	Deposit		\$3,213.14	\$2,013.00	\$5,226.14
6/4/2021	6/3/2021	Paid from Trust	\$1,877.00			\$3,349.14
6/8/2021	6/3/2021	Hairdressing/Barber	\$39.00			\$3,310.14
6/18/2021	6/17/2021	Beauty Barber	\$21.00			\$3,289.14
6/25/2021	6/25/2021	Deposit			\$68.60	\$3,357.74

**Bishop Wicke Health & Rehab**  
 584 Long Hill Avenue  
 Shelton, CT 06484-4810  
 Phone: (203) 225-2794  
 PCC Facility ID: 02

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### Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

Refresh

Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Total
				<b>Opening Balance</b>	<b>\$720.62</b>
6/3/2021	6/3/2021	Deposit		\$1,332.00	\$2,052.62
6/4/2021	6/3/2021	Paid from Trust	\$1,272.00		\$780.62

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### Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

Refresh

Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Total
6/8/2021	6/3/2021	Hairdressing/Barber	\$18.00		\$205.93
				<b>Opening Balance</b>	\$223.93

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### Trust - Transaction History

Resident: Blydenburg, Lucretia (7480)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

Refresh

Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
6/4/2021	6/8/2021	personal check		\$619.00	\$60.00	\$679.00
6/30/2021	6/29/2021	Hairdressing/Barber	\$74.00			\$605.00

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### Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
6/3/2021	6/3/2021	Deposit		\$286.07		\$286.07
6/4/2021	6/3/2021	Paid from Trust	\$1,293.00		\$1,353.00	\$1,639.07
6/30/2021	6/29/2021	Hairdressing/Barber	\$18.00			\$346.07
						\$328.07

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Trust - Transaction History

Resident: Charles, Barbara (4600)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

Refresh

Back

Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
				\$3,641.45		
6/3/2021	6/3/2021	Deposit			\$1,193.00	\$4,834.45
6/4/2021	6/3/2021	Paid from Trust	\$1,133.00			\$3,701.45
6/11/2021	2/5/2021	Cash Withdrawal	\$50.00			\$3,651.45
6/11/2021	4/9/2021	Cash Withdrawal	\$40.00			\$3,611.45
6/11/2021	3/30/2021	Cash Withdrawal	\$50.00			\$3,561.45
6/11/2021	5/11/2021	Cash Withdrawal	\$50.00			\$3,511.45
6/18/2021	6/17/2021	Beauty Barber	\$24.00			\$3,487.45

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**Trust - Transaction History**

**Resident:** Cusano, Angiolina (6901)

**Resident Account:** Resident Funds

**Start Date:** 6/1/2021

**End Date:** 6/30/2021

Refresh

Back

Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	
				Credit	Total
6/3/2021	6/3/2021	Deposit		\$1,721.00	\$2,165.00
6/4/2021	6/3/2021	Paid from Trust	\$1,661.00		\$504.00
6/8/2021	6/2/2021	Hairdressing/Barber	\$21.00		\$483.00
6/11/2021	6/9/2021	Hairdressing/Barber	\$21.00		\$462.00
6/18/2021	6/16/2021	Beauty Barber	\$21.00		\$441.00
6/25/2021	6/23/2021	Hairdressing/Barber	\$56.00		\$385.00
6/30/2021	6/30/2021	Hairdressing/Barber	\$21.00		\$364.00

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### Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Total
				<b>Opening Balance</b>	<b>\$381.00</b>
6/3/2021	6/3/2021	Deposit		\$2,090.00	\$2,471.00
6/4/2021	6/3/2021	Paid from Trust	\$2,030.00		\$441.00

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### Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

Refresh

Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
				\$1,306.62		
6/3/2021	6/3/2021	Deposit			\$816.00	\$2,122.62
6/4/2021	6/3/2021	Paid from Trust	\$756.00			\$1,366.62
6/11/2021	2/5/2021	Cash Withdrawal	\$50.00			\$1,316.62
6/14/2021	6/14/2021	correct with 30 not 50			\$20.00	\$1,336.62

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### Trust - Transaction History

Resident: Dilisio, Ann (5793)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

Refresh

Back

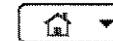
#### Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
6/11/2021	6/9/2021	Hairdressing/Barber	\$39.00	\$39.00		\$0.00
6/30/2021	6/30/2021	Deposit			\$50.00	\$50.00

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### Trust - Transaction History

Resident: Hedrick, Gail (7686)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

Refresh

Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Total
6/11/2021	5/7/2021	walmart	\$21.44		\$269.16
6/21/2021	6/21/2021	Insurance payment 07/2021	\$32.90		\$236.26
				<b>Opening Balance</b>	<b>\$290.60</b>

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Search

### Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

Refresh

Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/1/2021	5/31/2021	Amer HC Apparel	\$152.82		\$371.00	\$218.18
6/8/2021	6/1/2021	Hairdressing/Barber	\$21.00			\$197.18
6/11/2021	6/8/2021	Hairdressing/Barber	\$21.00			\$176.18
6/18/2021	6/15/2021	Beauty Barber	\$21.00			\$155.18
6/25/2021	6/22/2021	Hairdressing/Barber	\$39.00			\$116.18
6/30/2021	6/29/2021	Hairdressing/Barber	\$21.00			\$95.18

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### Trust - Transaction History

Resident: Henry, Edith (6909)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

Refresh

Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Total
				<b>Opening Balance</b>	<b>\$142.00</b>
6/3/2021	6/3/2021	Deposit		\$1,247.00	\$1,389.00
6/4/2021	6/3/2021	Paid from Trust	\$1,187.00		\$202.00
6/18/2021	6/16/2021	Beauty Barber	\$18.00		\$184.00

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**Trust - Transaction History**

**Resident:**    
**Resident Account:**    
**Start Date:**    
**End Date:**

Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Total
				<b>Opening Balance</b>	<b>\$1,803.70</b>
6/1/2021	5/31/2021	Amer HC Apparel	\$56.85		\$1,746.85
6/3/2021	6/3/2021	Deposit		\$1,679.40	\$3,426.25
6/4/2021	6/3/2021	Paid from Trust	\$1,619.40		\$1,806.85
6/22/2021	6/22/2021	Amy Hinkson-reimbursement	\$122.30		\$1,684.55
6/23/2021	6/23/2021	reimburse Amy Hinkson	\$12.27		\$1,672.28
6/23/2021	6/23/2021	withdrawal of Stimulus Amy Hinkson	\$1,400.00		\$272.28

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Trust - Transaction History

Resident: Knott, Angelina (4780)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

Refresh

Back

Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/1/2021	5/31/2021	Amer HC Apparel	\$344.68		\$3,282.87	\$2,938.19
6/3/2021	6/3/2021	Deposit		\$1,956.00		\$4,894.19
6/4/2021	6/3/2021	Paid from Trust	\$1,896.00			\$2,998.19
6/8/2021	6/8/2021	Amer HC Apparel	\$203.86			\$2,794.33
6/25/2021	6/23/2021	Hairdressing/Barber	\$21.00			\$2,773.33

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### Trust - Transaction History

Resident: Kundert, Milton (7690)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/1/2021	5/31/2021	Amer HC Apparel	\$89.98		\$162.00	\$72.02
6/11/2021	6/11/2021	Deposit		\$120.00		\$192.02

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**Trust - Transaction History**

Resident: Lafontaine, Iva (2649)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Total
				<b>Opening Balance</b>	\$3,258.56
6/3/2021	6/3/2021	Deposit		\$1,472.00	\$4,730.56
6/4/2021	6/3/2021	Paid from Trust	\$1,412.00		\$3,318.56

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### Trust - Transaction History

Resident: Macciocca, Margaret (7695)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/8/2021	6/2/2021	Hairdressing/Barber	\$39.00		\$29.00	(\$10.00)

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### Trust - Transaction History

Resident: Mallick, Philomena (6691)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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#### Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
				\$2,781.00		
6/3/2021	6/3/2021	Deposit			\$1,317.00	\$4,098.00
6/4/2021	6/3/2021	Paid from Trust	\$1,257.00			\$2,841.00
6/4/2021	6/8/2021	VA Pension			\$90.00	\$2,931.00
6/8/2021	6/1/2021	Hairdressing/Barber	\$21.00			\$2,910.00
6/11/2021	6/8/2021	Hairdressing/Barber	\$21.00			\$2,889.00
6/18/2021	6/15/2021	Beauty Barber	\$39.00			\$2,850.00
6/25/2021	6/22/2021	Hairdressing/Barber	\$21.00			\$2,829.00
6/30/2021	6/29/2021	Hairdressing/Barber	\$21.00			\$2,808.00

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Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/3/2021	6/3/2021	Deposit		\$1,858.00	\$3,663.05	\$5,521.05
6/4/2021	6/3/2021	Paid from Trust	\$1,798.00			\$3,723.05
6/11/2021	6/10/2021	Hairdressing/Barber	\$21.00			\$3,702.05

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### Trust - Transaction History

Resident: Mililli, Ida (6385)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/3/2021	6/3/2021	Deposit		\$1,000.00	\$2,900.85	\$3,900.85
6/4/2021	6/3/2021	Paid from Trust	\$940.00			\$2,960.85

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**Trust - Transaction History**

**Resident:** Miller, Marie (6464)

**Resident Account:** Resident Funds

**Start Date:** 6/1/2021

**End Date:** 6/30/2021

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Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
				\$90.00		
6/3/2021	6/3/2021	Deposit			\$2,136.00	\$2,226.00
6/4/2021	6/3/2021	Paid from Trust	\$2,076.00			\$150.00
6/8/2021	6/1/2021	Hairdressing/Barber	\$21.00			\$129.00
6/11/2021	6/8/2021	Hairdressing/Barber	\$21.00			\$108.00
6/18/2021	6/15/2021	Beauty Barber	\$21.00			\$87.00
6/25/2021	6/22/2021	Hairdressing/Barber	\$21.00			\$66.00
6/30/2021	6/29/2021	Hairdressing/Barber	\$21.00			\$45.00

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### Trust - Transaction History

Resident: Norris, Evelyn (7427)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Total
				<b>Opening Balance</b>	<b>\$1,227.33</b>
6/3/2021	6/3/2021	Deposit		\$1,600.00	\$2,827.33
6/4/2021	6/4/2021	Paid from Trust	\$1,540.00		\$1,287.33
6/4/2021	6/3/2021	Paid from Trust	\$1,540.00		(\$252.67)

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### Trust - Transaction History

Resident: O'neill, Donald (5752)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/8/2021	6/3/2021	Hairdressing/Barber	\$18.00		\$64.00	\$46.00

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Trust - Transaction History

Resident: Osborne, Edward (6994)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/3/2021	6/3/2021	Deposit		\$402.00	\$2,481.71	\$2,883.71
6/4/2021	6/3/2021	Paid from Trust	\$342.00			\$2,541.71
6/8/2021	6/3/2021	Hairdressing/Barber	\$18.00			\$2,523.71
6/24/2021	6/24/2021	Reimburse-Fay Godbolt	\$549.82			\$1,973.89

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**Trust - Transaction History**

**Resident:** Pasquarella, Betty (6677)

**Resident Account:** Resident Funds

**Start Date:** 6/1/2021

**End Date:** 6/30/2021

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Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	
				Credit	Total
				\$2,454.00	
6/3/2021	6/3/2021	Deposit		\$1,170.00	\$3,624.00
6/4/2021	6/3/2021	Paid from Trust	\$1,110.00		\$2,514.00
6/8/2021	6/1/2021	Hairdressing/Barber	\$21.00		\$2,493.00
6/11/2021	6/8/2021	Hairdressing/Barber	\$39.00		\$2,454.00
6/18/2021	6/15/2021	Beauty Barber	\$21.00		\$2,433.00
6/25/2021	6/22/2021	Hairdressing/Barber	\$21.00		\$2,412.00
6/30/2021	6/29/2021	Hairdressing/Barber	\$21.00		\$2,391.00

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### Trust - Transaction History

Resident: Price, Susanne (5395)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/8/2021	6/2/2021	Hairdressing/Barber	\$39.00		\$21.00	(\$18.00)
6/11/2021	6/9/2021	Hairdressing/Barber	\$21.00			(\$39.00)

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### Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

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#### Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
6/3/2021	6/3/2021	Deposit		\$3,900.42		\$3,900.42
6/4/2021	6/3/2021	Paid from Trust	\$1,121.00		\$1,181.00	\$5,081.42
6/21/2021	6/21/2021	Randall-Insurance 07/21	\$15.30			\$3,945.12

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Trust - Transaction History

Resident: Raia, Clorinda (7679)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
6/8/2021	6/3/2021	Hairdressing/Barber	\$21.00	\$157.00		\$136.00
6/8/2021	6/1/2021	Hairdressing/Barber	\$21.00			\$115.00
6/11/2021	6/10/2021	Hairdressing/Barber	\$21.00			\$94.00
6/11/2021	6/8/2021	Hairdressing/Barber	\$21.00			\$73.00
6/11/2021	6/11/2021	Deposit		\$500.00		\$573.00
6/18/2021	6/15/2021	Beauty Barber	\$21.00			\$552.00
6/25/2021	6/22/2021	Hairdressing/Barber	\$21.00			\$531.00
6/25/2021	6/24/2021	Hairdressing/Barber	\$21.00			\$510.00
6/30/2021	6/30/2021	Hairdressing/Barber	\$21.00			\$489.00

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Trust - Transaction History

Resident: Reeve, Ellen (6468)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
				\$621.18		
6/3/2021	6/3/2021	Deposit			\$1,187.00	\$1,808.18
6/4/2021	6/3/2021	Paid from Trust	\$1,127.00			\$681.18
6/11/2021	3/23/2021	Cash Withdrawal	\$11.00			\$670.18
6/11/2021	2/10/2021	Cash Withdrawal	\$5.00			\$665.18
6/11/2021	4/20/2021	Cash Withdrawal	\$5.00			\$660.18
6/11/2021	5/4/2021	Cash Withdrawal	\$5.00			\$655.18
6/11/2021	4/6/2021	Cash Withdrawal	\$12.00			\$643.18
6/18/2021	6/16/2021	Beauty Barber	\$39.00			\$604.18
6/25/2021	6/24/2021	Hairdressing/Barber	\$21.00			\$583.18

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### Trust - Transaction History

Resident: Rosa, Joyce (7247)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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#### Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
6/3/2021	6/3/2021	Deposit		(\$1,480.00)	\$1,915.00	\$435.00
6/4/2021	6/4/2021	With correction from 05/21			\$1,540.00	\$1,975.00
6/4/2021	6/3/2021	Paid from Trust	\$1,855.00			\$120.00
6/25/2021	6/23/2021	Hairdressing/Barber	\$74.00			\$46.00

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### Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

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#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/3/2021	6/3/2021	Deposit		\$1,582.00	\$60.00	\$1,642.00
6/4/2021	6/3/2021	Paid from Trust	\$1,522.00			\$120.00

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### Trust - Transaction History

**Resident:** Rubano, Henrietta (7493)

**Resident Account:** Resident Funds

**Start Date:** 6/1/2021

**End Date:** 6/30/2021

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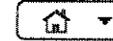
#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/24/2021	6/24/2021	Deposit		\$100.00	\$5.83	\$105.83

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### Trust - Transaction History

Resident: Rubano, Mario (7349)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

Refresh Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/24/2021	6/24/2021	Miscellaneous Withdrawal	\$100.00		\$202.00	\$102.00

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 PCC Facility ID: 02

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### Trust - Transaction History

Resident: Sabetta, Eleanor (7287)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

Refresh Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Opening Balance	Credit	Total
				\$1,487.00		
6/3/2021	6/3/2021	Deposit			\$1,644.00	\$3,131.00
6/4/2021	6/3/2021	Paid from Trust	\$1,584.00			\$1,547.00
6/8/2021	6/2/2021	Hairdressing/Barber	\$21.00			\$1,526.00
6/11/2021	6/9/2021	Hairdressing/Barber	\$21.00			\$1,505.00
6/18/2021	6/15/2021	Beauty Barber	\$21.00			\$1,484.00
6/25/2021	6/23/2021	Hairdressing/Barber	\$21.00			\$1,463.00
6/30/2021	6/30/2021	Hairdressing/Barber	\$39.00			\$1,424.00

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### Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

Refresh

Back

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/18/2021	6/16/2021	Beauty Barber	\$39.00		\$1,853.40	\$1,814.40
6/23/2021	6/23/2021	Soc Sec 06/2021		\$334.00		\$2,148.40
6/23/2021	6/23/2021	Paid from Trust	\$274.00			\$1,874.40

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### Trust - Transaction History

Resident: Taylor, Marian (4905)

Resident Account: Resident Funds

Start Date: 6/1/2021

End Date: 6/30/2021

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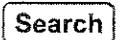
#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/1/2021	5/31/2021	Amer HC Apparel	\$15.96		\$258.60	\$242.64
6/11/2021	6/9/2021	Hairdressing/Barber	\$39.00			\$203.64
6/25/2021	6/23/2021	Hairdressing/Barber	\$21.00			\$182.64

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### Trust - Transaction History

Resident:

Resident Account:

Start Date:

End Date:

#### Transaction History

Posting Date	Eff. Date	Description	Debit	Credit	Opening Balance	Total
6/18/2021	6/18/2021	Deposit		\$60.00	\$120.00	\$180.00

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Provider Name: Bishop Wicke Health & Rehabilitation Center

Provider Number: 8128

CRYE: 09/30/2021

**6**

**Satellite TV**

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
MAINTENANCE SVC/SUPPLIES	\$ 18,450		
PEST CONTROL	\$ 4,225		
RUBBISH REMOVAL	\$ 42,618		
INTERNET SERVICE	\$ 5,421		
SNOW REMOVAL			
SATELLITE TV	\$ 4,193		
SEWER USAGE	\$ 6,469		
MAINTENANCE - UNIFORMS			
Maintenance Expense - Landscaping	\$ 3,113		
<b>Total Other Repairs and Maintenance</b>	\$ 84,489	\$ -	\$ -